CHILD ABUSE AND STRESS:

A TREATMENT APPROACH

REPORT OF A PRACTICUM

PRESENTED TO

THE FACULTY OF GRADUATE STUDIES

UNIVERSITY OF MANITOBA

IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF SOCIAL WORK

BY

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 NOVEMBER 1985

ISBN 0-315-33580-7

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A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

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ACKNOWLEDGEMENTS

I would like to thank ...

my clients for volunteering to be a part of this practicum.

my committee, especially Don Fuchs, for his guidance and Dick Marinelli for his encouragement.

my fellow students and co-workers for their enthusiasm and patience as I worked through this practicum.

my typists for enduring my spelling, grammar, and many revisions.

but mostly, I would like to thank my wife, without whose support I never would have attempted this project, let alone finished it.

NOTE ON THE USE OF HE OR SHE

A.A. Milne, in The Christopher Robin Birthday book, said:

> "If the English language had been properly organized... then there would be a word which meant both "he" and "she", and I could write "If John or Mary comes, heesh will want to play tennis" which would save a lot of trouble".

(A.A. Milne, as quoted in Falconer and Swift, 1983)

I agree. However, for simplicity, I used she or they. Such use is not to imply only females are responsible for abuse or that only females were seen in this practicum.

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PART I

CHAPTER I - INTRODUCTION AND PURPOSE

The topic of this practicum report is child abuse, a phenomenon which has only been identified as a concern by most western societies in this century. Only in the last two decades have there been attempts to define abuse and identify the victims. There has been little research into the identity of the abusers and what causes them to injure their children. Sadly, the documentation on treatment programs designed to help these people lags still further behind.

Some of my attention in this paper will be directed at providing the reader with a brief overview of the history of child abuse as well as at clarifying for the reader the definition of child abuse that I will be using as a basis for my work on the topic. A greater portion of my effort will be spent examining the most widely known and accepted theories on child abuse, its causation and treatment, as developed by some of the primary researchers of this time such as Helfer and Kempe, Gil, and the Justices. I will also draw on the work of other theorists and researchers such as Satir, Selye, Miechenbaum and Novacco.

From their works I have extracted ideas which I have used to develop a treatment approach for working with parents who have physically abused their children, the primary goal of this practicum.

My interest in and awareness of child abuse began when I was hired as a social worker in a child welfare agency to be a member of that agency's child abuse unit. The caseload I was presented with was large, consisting of a great variety of families, all of whom were classified as child abusers. However, there were very few common denominators and the causes of the abusive situations seemed so diverse. For example, there was a single native mother who presented her child at the hospital with a skull fracture. The injury made her a case for the abuse unit, when in fact, the injury had occurred when a homemade hammock had collapsed sending the child crashing to the floor. This native family had few similarities to the foreign university student whose wife lost her temper while disciplining the eldest daughter or to the mentally retarded mother who, in a fit of rage, broke her infant's arm.

The variety of child abuse situations led to many questions. What caused people to injure their children? How had things gone wrong in these families to produce such violent results? And finally, what could be done to help these families? The large caseload prompted many questions but, unfortunately, it did not lead to many answers. My practicum is my beginning attempt to find some of those answers, using my own experience in the field in conjunction with the published work of many others.

This practicum report is divided into two parts. The literature review is contained in the first section. In this review I focus on the causes of child abuse and the topic of stress. I demonstrate the link between stress and incidents of child abuse.

The second section of the report deals with actions taken in the course of the practicum. The treatment plan is illustrated by presenting three families as examples. Observations of the other families I dealt with are contained in the next chapter. An evaluation of the practicum and of myself follows. Finally, I present some recommendations arising from my work.

CHAPTER II - THE CAUSES OF CHILD ABUSE

I. HISTORICAL PERSPECTIVE

The existence of child abuse is not a new discovery. However, it is only in the last 25 years that it has become a recognized social problem. Bakan (1971) details many examples of child abuse dating back to biblical times. He also makes reference to infanticide at various times and in various cultures throughout history. The root of child abuse according to Bakan has been in the lack of children's rights .

Radbill (1968) speaks of the "maltreatment of children ... as justified" because parents were responsible to "maintain discipline, to transmit educational ideas, to please certain gods, or to expel evil spirits". Clearly children had no rights in ancient times. Pfohl (1977) talks of how parents were given "limitless power over their children who, with chattel-like status, had no legal right to protection". This doctrine was part of the Roman legal code and English common law (Pfohl 1977). It was not until the early nineteenth century that any movement was detected towards services for abused and neglected children. The provision of services for these children was a positive step but the concept of children's rights was still many years away.

Radbill (1968) and Pfohl (1977) discuss the gradual movement

towards children's services. The New York House of Refuge was opened in 1825 after the first statute was passed to "prevent children from mingling freely with society's dregs" (Pfohl 1977). Similar agencies and services were opened in other major United States cities before 1849 (Pfohl 1977). Radbill (1968) cites the development of the New York Foundling Asylum in 1869 as a significant event in the protection of children. The focus of these services was primarily on the large number of abandoned and neglected children.

Several authors (Radbill 1968, Fontana 1964 and Pfohl 1977) use the case of Mary Ellen as an example of the first community focus on child abuse. This nine year old girl had been beaten by foster parents. Efforts to have her removed from her parents proved unsuccessful until an appeal was made to the Society for the Prevention of Cruelty to Animals. The action through the Society for the Prevention of Cruelty to Animals was necessary because no similar Society existed for the protection of children. In fact, there was no legislation to deal with protecting children. Soon after this much publicized event, the legislation was changed creating the Society for the Prevention of Cruelty to Children, thus beginning the movement towards protecting children from abuse.

Falconer and Swift (1983) trace Canada's movements in the field of child welfare starting with the first child welfare agency in Toronto in 1891. Ontario became Canada's first province to enact a Child Welfare act in 1893 (Falconer and Swift 1983). Thus, we can see the movement from complete parental control over children to increased

intervention by the state, allowing for the protection of children's rights.

Dissention over the issue of parents rights versus childrens rights continues to confront people who work with child abuse cases. Starting in the 1960's, most North American states and provinces began to introduce child abuse legislation. The change in laws can be attributed partially to the "discovery" of child abuse after the publication of Kempe et al's (1962) work "The Battered Child Syndrome". His work was responsible for the media discovery of child abuse and subsequently for the push toward improved legislation to deal with these families.

II. DEFINITION OF CHILD ABUSE

The Manitoba Child Welfare Act added a definition of child abuse in 1979 which states:

> "Abuse means acts of commission or ommission on the part of the parent or the person in whose charge a child is which results in injury to the child but is not necessarily restricted to physical beating, physical assault, sexual abuse and failure to provide reasonable protection to the child from physical harm;"

This practicum deals with the physical abuse of children. It excludes sexual abuse, emotional abuse and neglect.

III. THE CAUSES OF CHILD ABUSE

The literature on the causes of child abuse is extensive. I will be using Barth and Blythe's (1983) classifications for the major

theories on the etiology of child abuse.

A) The Phenomenological Model

According to Barth and Blythe (1983) the phenomenological model states that abusive behaviour:

> "is unleashed by symbolic or concrete incidents perceived as stressful by adults who are susceptible to abuse from inadequate upbringings". (Barth and Blythe 1983)

The principle proponets of this theory are Helfer and Kempe and Steele and Pollock. Their theories are essentially a medical or disease perspective where the individual parent has an internal problem which makes her capable of abuse.

As stated earlier, Kempe is credited with bringing child abuse to the attention of the general public in North America with his article, "The Battered Child Syndrome". He and his colleagues were concerned about the number of children who were seen with injuries, medically repaired and sent home only to return with another trauma. In 1961, he began to study the issue of child abuse and in 1962 pulled together his findings (from 71 United States hospitals) to produce the above cited paper (Kempe et al 1962).

Essentially this often quoted paper on child abuse describes a condition now known as the Battered Child Syndrome. It details the various traumas encountered in his sample population which was largely children under the age of three. The author notes the significance of

multiple injuries in varying stages of healing as being very critical in diagnosing child abuse. His article, published in The American Journal of the American Medical Association, was directed at doctors to assist them in identifying cases of child abuse.

Information about parents who abuse was scarce according to Kempe et al. They do however discuss unidentified studies carried out which give a profile on child abusers. The profile identifies characteristics such as:

> "low intelligence.....psychopathic or sociopathic characters (and) alcoholism, sexual promiscuity, unstable marriages, and minor criminal activies are reportedly common.....They are immature, impulsive, self-centered, hypersensitive and quick to react with poorly controlled aggression. (Kempe et al 1962.)

The paper also notes that parents who abuse may have been abused themselves. The authors feel past abuse is "one of the most important factors" in child abuse.

Kempe et al point out that child abuse is not confined to the mentally ill or the poor. They state:

> "It also occurs among people with good education and stable financial and social background. However ... in these cases, too, there is a defect in character structure which allows aggressive impulses to be expressed too freely." (Kempe et al 1962.)

The basic tenet of Kempe's article is that child abusers are abusers because of some inadequacy within themselves. Steele and Pollock do further work with sixty abusive families. (Steele and Pollock 1974) Their work involves psychiatric treatment and

psychological assessment of their abusive population which adds further weight to Kempe's theories.

The primary factor in child abuse according to Steele and Pollock is the "lack of mothering". The past histories of the abusers indicate that they have been abused by their parents. The significance of this "lack of mothering" is the connection it makes with Kempe et al's previous work on the history of the abuser and it is a possible explanation for the abuse continuing from generation to generation. Abusive behaviour:

> "will profoundly influence both consciously and unconsciously the patterns of behaviour of the new parents toward the baby". (Steele and Pollock 1978.)

Steele and Pollock also identify "unrealistic expectations" as being characteristic of abusive parents. They feel that parents ask the child to perform in a manner which is beyond the child's developmental capabilities. The theory of Morris and Gould (1963) on role reversal is linked to Steele and Pollock's unrealistic expectations. Role reversal describes the process where the parent asks and in fact demands that the child attend to her needs for love, affection, comfort. The child is expected to "parent" the parent, a situation of role reversal and unrealistic expectations.

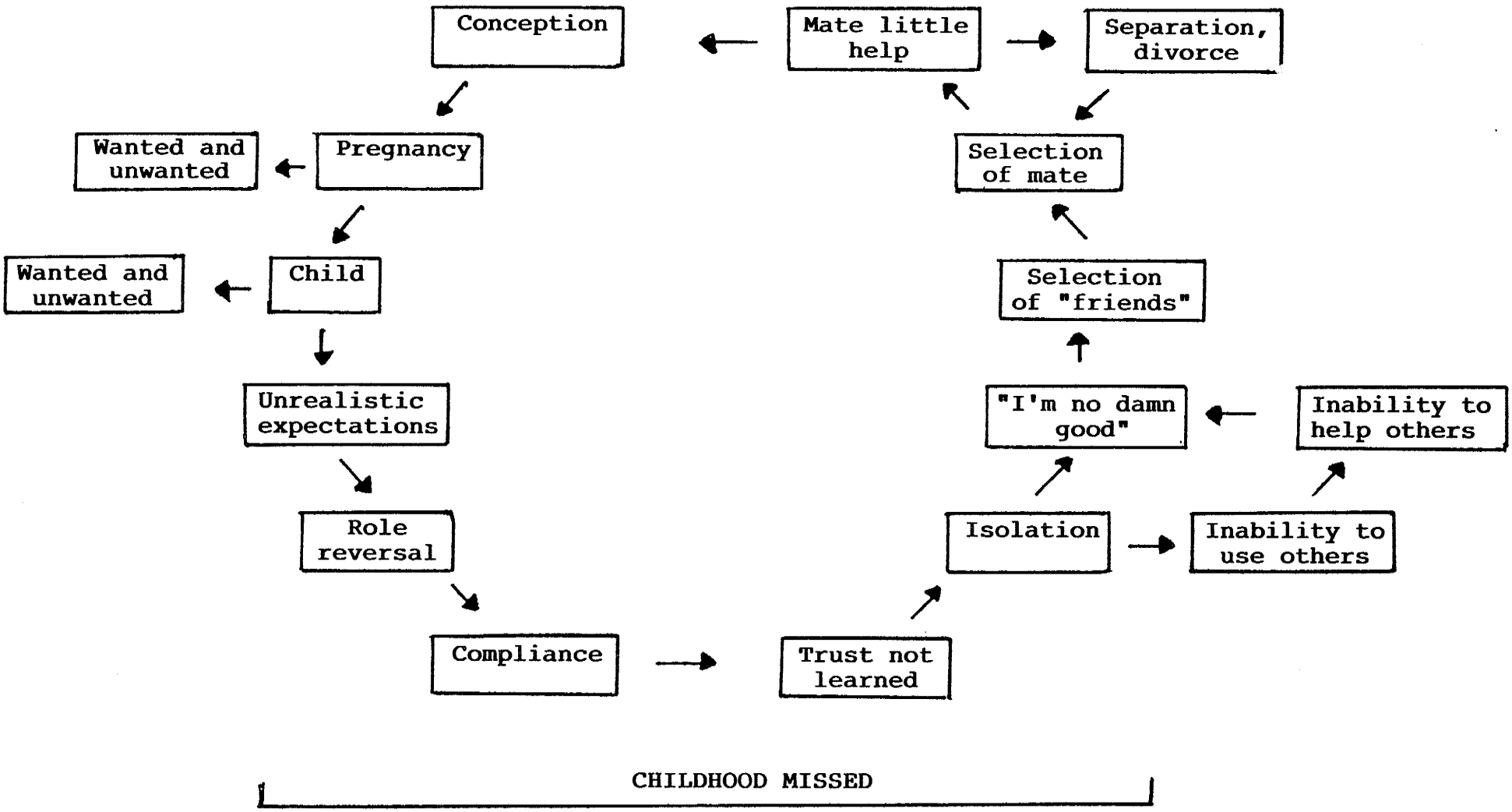
A third significant finding of Steele and Pollock's work is the issue of "lack of confidence". They state their theory is similar to Erikson's work on "Basic Trust". Essentially Steele and Pollock feel that abusers have not developed a sense of confidence due to their

lack of mothering. The lack of confidence affects their lives continually. They have no confidence to reach out for help, for example. As a result abusers tend to be "alienated, asocial or isolated" (Steele and Pollock 1978.)

Steele and Pollock build on Kempe's theories. The basic theme of both works is to locate the "problem" of child abuse within the parent.

In 1974 Helfer developed a cyclical theory which incorporated the previous two studies with some of his own ideas. He called his theory the WAR cycle or "World of Abnormal Rearing" (Helfer 1980.) Basically, it expands the past-history issue of abusing parents, and provides a rationale for the actions that preceed a child abuse incident. Helfer postulates that the abusive parents have "missed their childhood" - missed experiences of normal childhood - because they were meeting their parents' needs. Their parents unrealistic expectations of them lead to a role reversal where the children were to care for and meet their parents' needs, a task which the children cannot manage. They are also unable to develop a sense of confidence or trust, which results in a feeling of "I'm no good", making meeting new people difficult, resulting in further isolation. As they become adults they tend to select mates of similar characteristics from a limited selection of friends. The subsequent union produces a child which the parents feel will meet their unfulfilled needs. The cycle can then continue. (See Fig. 1)

FIGURE 1 - WORLD OF ABNORMAL REARING (W.A.R.)



(Helfer 1980)

Helfer's WAR cycle provides a clear concise framework for identifying child abusers after the fact. After child abuse has been diagnosed, this theory enables professionals to discuss significant factors which may be affecting the parent and the care of the child. Helfer and Kempe have published many articles and books expounding the medical model of child abuse. As a result it is the most commonly known explanation for the occurrence of child abuse. Many other authors have come to similar conclusions, that the location of the child abuse problem resides within the parent (Young 1964, Fischhoff, Whitten, Pettel 1971, Spinetta and Rigler 1972, Blumberg 1974, Wright 1976).

B) Environmental or Social Model

The environmental or social model explanation is based on the premise that social forces, primarily poverty and the corresponding lack of resources, contribute to child abuse (Barth and Blythe 1983). The main advocate of this school of thought is David Gil.

In his book Violence Against Children, Gil (1970) provides a social rationale for child abuse. His study consisted of extensive research on child abuse reports filed in the United States in 1967 and 1968. All cases were classified into at least one of fourteen different types of abuse. The typology of abuse cases ranged from "discliplinary action taken by caretakers who respond in uncontrolled anger to real or perceived misconduct of a child" to "a general attitude of resentment and rejection on the part of the perpetrator

toward a child" to "alcoholic intoxication of the perpetrator at the time of the abusive act" (Gil 1970). Through the use of factor analysis he subsequently identified seven categories of abuse: psychological rejection, angry and uncontrolled disciplinary response, male babysitter abuse, personality deviance and reality stress, child oriented abuse, female babysitter abuse, and caretaker quarrel (Gil 1970).

Gil appropriately rationalizes that there is a "background of broader social and cultural forces" which contributes to the occurrence of child abuse. Citing a national cultural norm which gives acceptance to the use of physical force to educate children, he builds his argument. He states that his study illustrates five forces which move people beyond what society will accept as appropriate physical contact with children. The forces as identified by Gil (1970) are:

1) environmental chance factors;

2) environmental stress factors;

3) deviance or pathology in areas of physical, social, intellectual, and emotional functioning on the part of caretakers and/or the abused children themselves;

4) disturbed intrafamilial relationships involving conflicts between spouses and/or rejection of individual children;

5) combination between these sets of forces.

Gil then proceeds to explain that child abuse has many causes, and he identifies five dimensions: the cultural acceptance of the use of physical force on children, child rearing traditions subscribed to by various groups, environmental chance circumstances, environmental

stress, and deviance of parent, child and family.

Throughout his study Gil identifies the role of stress in child abuse. He places substantial weight on the environment as a source of this pressure. Many parents, children, and indeed families find themselves in less than ideal environments. Inadequate income, overcrowded substandard housing, unemployment and prejudice are but a few examples of factors which make parenting (and living) more difficult. Based on the size of Gil's population it appears that these issues are part of the make-up of child abusers.

Gil's work adds a broader perspective to the examination of the causes of child abuse. Families caught up in the issue of child abuse are part of the larger society and as a result are subject to environmental pressures. Subsequent authors have developed Gil's theories on environmental stresses as a part of child abuse (Gelles 1973, Garbarino and Gilliam 1980, Strauss, Gelles and Steinmetz 1980).

C) Life Change Model

The third causal explanation for child abuse is put forward by Blair and Rita Justice. Using Holmes and Rahe's Social Readjustment Scale they assessed 70 families and found that child abusers had higher life change scores. They explained that child abuse took place when parents were forced to cope with constant changes or stresses. The continual adaptation to stress leads to exhaustion where the parents "defenses were the lowest and their inner controls against

acting out were weakest" (Justice and Justice 1976).

The Justices use Selye's work on responses to stress to explain how abuse takes place. The abusive parent has a crisis which may be situational or developmental and before she can completely handle this incident a further crisis arises (Justice and Justice 1976). Constant adaptation to stress results in "the inner controls against acting out" (Justice and Justice 1976) being diminished with abuse of the child being a distinct possibility.

Selye's model of reaction to stress is: shock, countershock, resistance and exhaustion (Selye 1956).

Many of the life changes and stresses which result in child abuse originate within the family itself, not from any external force. Citing the cycle of violence from generation to generation, to which both Kempe and Gil make reference, the Justices feel the particular kind of emotional and relationship system is "inherited". They go on to examine the unique manner in which abusive families relate to each other.

Using Bowen's concept of "undifferentiated" people, the Justices explain the particular issues that are central to abusive families. They state the problem of undifferentiation results in abusing parents being "fused" to others who make up the nuclear or extended family. The parents are incapable of standing on their own as individuals and are constantly seeking confirmation of their self worth in others.

The abused child is sought out by the parent to provide love, approval and validation.

It is this fused or symbiotic relationship that interferes with two basic drives of family life - one being to belong and the other being, simultaneously, to become a separate identity. The parent's failure to accomplish these tasks results in frustration and anger which is directed at the child. The Justices rationalize that the undifferentiated person seeks a mate who will take care of her, and almost inevitably, finds another undifferentiated person. As a result, two frustrated and angry people come together and, because of their symbiotic personalities, they cannot adequately raise their children. Thus the problem becomes a multi-generational affair.

The Justices theory on symbiotic relationships is similar to Kempe's work on unmet needs. With the exception of the terminology used both authors cite the dynamics that the individual parent carries with her from her upbringing as factors leading to child abuse.

The work done on life changes and the stress it causes in families is similar to Gil's theories of environmental stresses and their role in child abuse. The Justices broaden the scope of stresses on families from Gil's external environmental issues to include the relationships within familes. It is the emphasis on family relationships which I consider to be most significant about the Justices book.

IV. LIMITATIONS OF THE LITERATURE

The theories, as discussed on the foregoing pages, present a number of possible answers to the question "Why does child abuse occur?" However, these theories do have some limitations, which I will detail in this section. Wherever possible I will substantiate my views with the opinions of other authors in the field.

An initial criticism, which can be applied to all three models, involves their lack of scientific proof. None of them have employed the rigid standards necessary for empirical verification. Rather, they have described a population after the fact. Gelles (1973) claims that many studies of child abuse are done ex post facto and as a result the assumptions made are untested. I believe that these studies are valid as descriptions of the abusive population but of questionable quality as explanations of abuse. They have been put forward as causal explanations of abuse but in fact, "research into the causes of child abuse remains inconclusive because of methodological difficulties" (Turbett 1979).

Gelles (1973) presents a second comment which I feel relates to the lack of empirical evidence concerning child abuse. Using Steele and Pollock's (1974) discussion on abusive parents Gelles points out that their arguments are "clearly inconsistent and contradictory". Steele and Pollock refer to abusive parents as being both a "gold mine of psychopathology" and a "random cross section of the population"

(Gelles 1973). I agree that these statements by Steele and Pollock appear contradictory and as a result they do not assist professionals in determining a cause for child abuse. Kempe et al (1962) also gave somewhat confusing characteristics while describing abusive parents. They present the psychopathic or sociopathic personality as being an abuser then go on to state, "Beating of children however, is not confined to .... a psychopathic personality" (Kempe et al 1962).

The inconsistency is magnified when various models are compared. Kempe et al state child abuse not only occurs in families of "borderline socioeconomic status. It also occurs among people with good education and stable financial and social background" (Kempe et al 1962). However, Gil states "a large majority of families involved in these reported incidents of abuse belonged to socioeconomically deprived segments of the population whose income and educational and occupational status were very low" (Gil 1970). I feel the confusion stems from the variety of populations studied by the authors.

The Justices life change model also presents a problem regarding empirical proof of the causes of child abuse. The primary question about their theory which Barth and Blythe (1983) point out is the influence of life changes on the individual. It is unclear whether life changes, which the Justices claim are responsible for abusive acts, are the cause of abuse or a symptom of personal ineffectiveness (Barth and Blythe 1983). Do the abusive parents, because of poor communication skills, create life changes and the accompanying stress

for themselves or, do life changes, and the accompanying stress, happen to these parents who react in abusive ways? The example cited by Barth and Blythe is the individual who criticizes his employer thus creating a life change for himself (losing his job). It is impossible to fully accept the Justices causal model of child abuse until this confusion is cleared.

A third shortcoming of the theories is their lack of comment on culture. Only Gil makes reference to culture in his study, "physical abuse of children, ... was found to be overconcentrated among the poor and among nonwhite minorities" (Gil 1970). Neither the phenomenological nor the life change advocates mention culture. I feel that if, as Steele and Pollock (1974) and the Justices (1976) claim, we learn how to parent from our parents, then cultural factors are important in any discussion on the causes of child abuse. At the very least, the studies by Steele and Pollock, Kempe et al and the Justices could have provided the cultural background of their populations. The fact that they did not weakens the applicability of their results, because the reader is left to assume the applicability of the information to his/her client population.

Kempe's phenomenological model represents a fourth weakness in the explanations of the causes of child abuse. Using the medical model or disease perspective for child abuse the locality of the problem resides within the individual parent. The abuser is assumed to be sick and as a result is not responsible for his behaviour. Barth and Blythe (1983) utilize a statement by Lazarus in their

critique of the phenomenological model:

> "the implication is that one cannot control one's life, that one is helpless in the face of the most stupid of trivialities"

This statement captures the essence of feeling directed at child abusers using this model.

If as Kempe would have us believe the problem resides solely within the individual, efforts to treat the family or mobilize community supports are futile. Treatment must focus on the parent who has a mental illness. However, Turbett (1979) states:

> "this illness is a form of mental illness for which cures are uncertain and require a prolonged period of treatment".

The medical model does not lead to a identifiable treatment approach. The focus becomes the safety of the child and the child is removed from the abusive home. Placement of the child becomes the only alternative as the treatment of the abusive parent is "prolonged". The disease perspective negates the value of family or other social supports which could be utilized with the abusive family.

The fifth limitation of these causal theories is their inability to explain those individuals who meet the prescribed criteria but do not abuse. I feel that, if Gil's assessment that poverty plays a major role in child abuse is accurate, then there should be more cases of child abuse. Clearly, not all people who live in poverty, with inadequate income because discrimination limits their job prospects, abuse their children. In my opinion, the same can be said about

Helfer's WAR cycle, that not all victims of abuse or inadequate parenting injure their children. Barth and Blythe (1983) have questions about the Justices use of life-change scaling stating that, again, there are mothers with high ratings on life change who provide adequate care for their children.

The final criticism I have of the the models is their lack of family orientation. Child abuse is an act between care-giver (usually a parent) and child. It takes place in homes where families reside. Gil's analysis of environmental factors being at the root of child abuse seems too broad. If his assumptions are true, treatment of child abuse is linked to the redistribution of income and resources, a process that will take years, if it happens at all. What do families do in the interim?

Kempe et al also do not have a family perspective. Their focus in narrow and, as with Gil, does not lead to a treatment focus. Pfohl (1977) in Turbett's (1979) article indicates that child welfare agencies have operated on the concept that child abuse is an "illness". The result has been the removal of many abused children from their parents.

The Justices do work with families. However, their life change theory indicates that the cause of abuse is attributable to external forces. I have no quarrel with outside pressure causing difficulties for families but it is the manner in which the family copes with those pressures which is paramount in child abuse.

The three models at best minimize the importance of the family in child abuse situations. I feel this is a serious limitation of the causal models of child abuse.

Child abuse studies to date have lacked scientific justification of their theories. They are often confusing and contradictory, especially if one attempts to combine theories. Within the studies cited there was little mention of culture. One specific model, the medical model, identified the abuser as sick, thus effectively removing the possiblity of treatment by family members or community resources. None of the studies could explain exceptions to their theories. Finally, despite the fact that child abuse takes place in families no study had a family perspective.

V. INTEGRATION OF THEORIES

With the lack of empirical evidence surrounding the etiology of child abuse (Gelles 1973) the professional working in the field must develop a comfortable stance based on his integration of the theory. In addition, the literature does not point to a treatment mode. Once again, the worker in this area must create his own treatment plans from his assimilation of the material. The review of the literature combined with my past experiences have led to my current position in regards to abusive families. I agree with the authors descriptions of child abusers. However, I find the focus of their work to be narrow. In my opinion, child abuse does not take place only as a result of

misguided individuals or environmental pressures.

I believe that child abuse is a family problem. The actual incident takes place within a family setting. The abuse is a violent form of interaction between parent and child. However, it is not the only interaction between parent and child and as such, must be placed in perspective. Generally the abusive families I have been in contact with wanted the "best" for their children and their families. Sadly, some of the methods they chose to obtain these goals were misguided and dangerous for children. That does not mean that their families are bereft of support and/or strength. By focusing on the family and their strengths, they can learn to cope with individual weaknesses, life crises, or external forces, the causes of child abuse.

Within families a key issue in my opinion is their relationship with each other and the outside world. Consequently it is imperative that the abusive parents' ability to communicate with other family members and outside people be assessed and then a strategy be developed to improve any deficiencies.

Communication becomes significant because families are forced to deal with a number of pressures. Whether those pressures be economic, or from family of origin, or current family, I believe the ability to communicate effectively is essential to meet these demands.

The literature on abuse indicates that there are many causes for child abuse. Each author places different emphasis depending on his

experiences. However, no author was able to describe an effective treatment model. In my experience, I saw a great variety of problems which were present at the time abuse took place. Attempts to improve the situation often meant one of the problems was "patched up" and the child was then injured again due to another problem. As a result, I learned that "bandaging the problem" was not enough and that a common denominator was needed in order to provide treatment. Abuse took place not necessarily because the television broke, or the bills were past due, or the child misbehaved, but rather because of the individual's reaction to those problems.

The individual's reaction to those pressures seemed to be significant. Abuse seemed to occur during times of high stress in the family. If child abuse happens during times of stress then a method of reducing the individual's reactions to stress should reduce abusive incidents. Identifing stress as being important in child abuse gave rise to a treatment plan. The concept of stress as a cause of child abuse allowed responsibility for the abusive incident to be placed on the abuser. That focus in my opinion does not negate the use of a family perspective.

Therefore, my plan was to work with families who abused their children. The first task was to identify the rationale for their abusive behaviour and the stresses associated with this behaviour. It appeared to me that communication skills (or the lack thereof) contributed to stresses within the family.

Stress reduction coupled with communication improvements formed the basis of treatment for this practicum. They enabled me to incorporate the main child abuse theories. Kempe's work on the parents upbringing could be used to assess the parents past difficulties. Environmental factors provided a basis for identifing pressures from outside the family. The information on life crises, Justices' material, provided a framework for identifing the situations that families found themselves in at present. Creating one's own treatment perspective was necessary as the literature did not provide a treatment model.

CHAPTER III - CHILD ABUSE AND STRESS

I. THE LITERATURE ON STRESS AND CHILD ABUSE

The three theoretical approaches presented in the previous chapter offer different explanations for child abuse, and yet, on close examination it can be seen that each describes a different form of stress which is in part responsible for child abuse. Kempe and his followers assume that an individual character disorder is the source of stress. Gil identifies the source as the environment, while the Justices cite life changes as the origin of stress.

In this chapter I will discuss stress and child abuse, using the work of authors such as Reuben Hill, Richard Gelles, Murray Strauss and James Garbarino. I will describe what stress is and how it is expressed as anger and aggression. Finally, the relationship between poor communication skills, as they relate to child abuse, and stress will be documented.

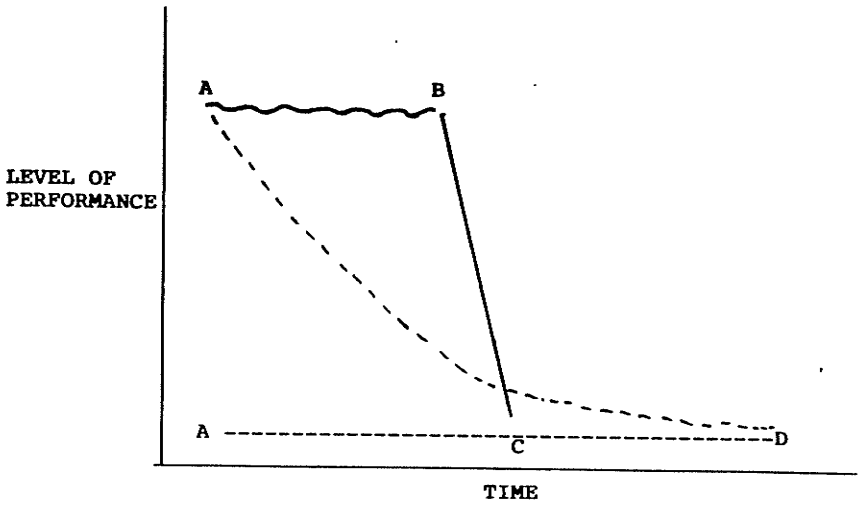
Hill's (1958) work on stress in families is applicable to child abuse. He identifies a chain of events as follows: that families are confronted by a stressful event which interacts with their crisis-meeting resources which then interacts with the definition the family makes of the event which produces a crisis. In applying this cycle to an abusive family we see the abusive parent confronted with a colicky child who will not sleep (a stressful event). The crisis

meeting resources, a tired mother with an unsupportive husband, are limited and interact with the family's definition of the event. The definition of the event is influenced by the "family's values" (children should be quiet at night, should do as their parents tell them); "previous experience in meeting crisis" (a young mother who has never had to cope with a child's constant crying, or as a child the mother was "hit" when she cried); and the "mechanisms employed in previous definitions of events" (the last time the child stopped crying after she shook him) (Hill 1958). The interaction of these variables could very easily lead to an incident of child abuse.

In addition to explaining the role stress plays in creating a crisis Hill has devised a "stress curve" which Nagi (1977) uses to explain child maltreatment (See Fig. 1). The line between A and B indicates "fluctuations in family relations that remain within the limits of acceptable behaviour" (Hill 1958). B represents a crisis where child abuse takes place plunging the family to C, a level of disorganization. The dotted line from A to D indicates "insidious nonmanifest abuse" (Hill 1958). The broken line from A to D refers to child neglect. The points from A to B represent the abusive family that is particularly suceptible to abuse associated with stress. They have the ability to cope with various pressures on an inconsistent basis. Generally their behaviour is acceptable, but a crisis or stress they cannot handle quickly results in a drastic drop in their functioning.

The other families represented by lines A to D (the dots and the

FIGURE I



A - B "Fluctuations in family relations that remain within the limits of acceptable behaviour."

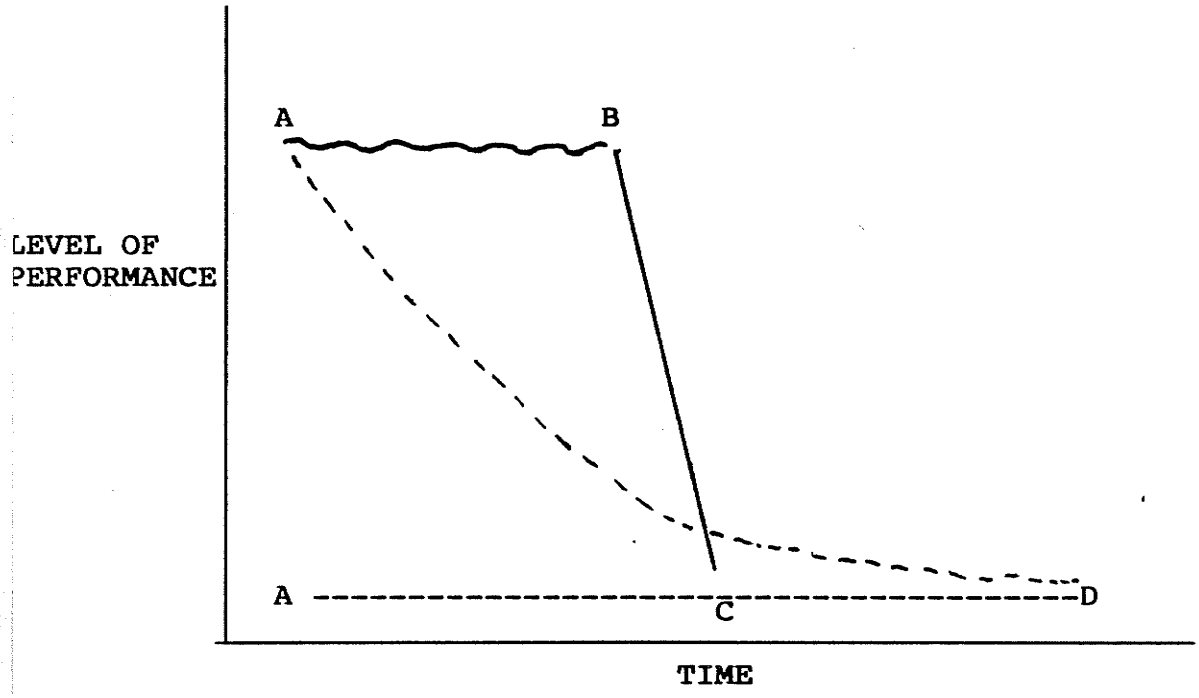
B A crisis

C A level of disorganization

A - D "Insidious non-manifest abuse" (child neglect)

Nagi (1977)

FIGURE I



A - B "Fluctuations in family relations that remain within the limits of acceptable behaviour."

B A crisis

C A level of disorganization

A - D "Insidious non-manifest abuse" (child neglect)

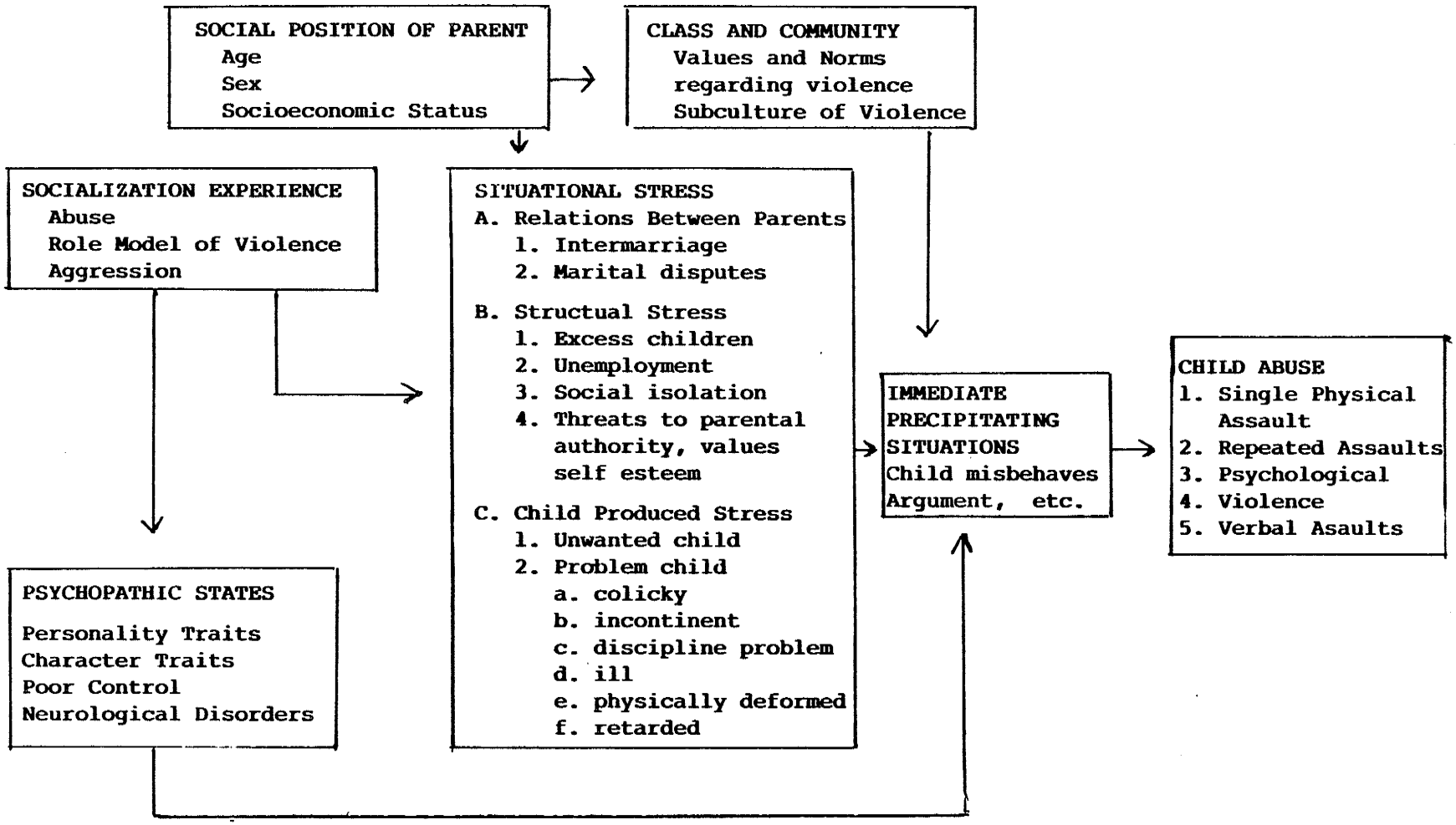
Nagi (1977)

broken line) show different stress reactions. The dotted line indicates "a steady, slow progressive decline" (Nagi 1977) which may be explained by the family's inability to handle additional pressures. For example, the mother who is able to cope adequately with two preschool children but the birth of a third child pushes her beyond her abilities. The result, over time is that the care of the children declines. The broken line shows a family whose ability to cope with stress has been poor over a period of time and they continue at their level. At a point in the past, this family may have been able to cope but it may have been as far back as a previous generation.

Gelles (1973) provides another observation of stress and child abuse. He devises a theory which he calls the Social Psychological Model (See Fig. 2). Essentially he has combined Kempe's work (1962) with Gil's study (1970) to form a broader, multi-causal explanation to "illustrate the complexity and interrelationships of the factors which lead to child abuse" (Gelles 1973). The significance of Gelles' work is it "assumes that frustration and stress are important variables associated with child abuse" (Gelles 1973).

The nature of stress may be from socialization experiences or psychopathic states (See Fig. 2). However, the direction from which stress originates is not as important as the fact that stress is involved in child abuse. Identifying stress as significant in child abuse points to a treatment which could be used with abusive parents. If stress can be managed then incidents of child abuse caused by

GELLES SOCIAL PSYCHOLOGICAL MODEL OF CAUSES OF CHILD ABUSE



(Gelles, 1973)

stress can also be managed. Gelles argues that stress is significant in looking at abusive families.

Strauss (1980) conducted a study to determine the relationship between stress and child abuse. His study of 1,146 parents indicated that as stress increased so did abusive incidents. Stress was measured by using "a modified version of the Holmes and Rahe stressful life events scale" (Strauss 1980). Eighteen stressful events were contained in the scale.

Strauss found that child abuse incidents increased as stress increased especially for families with the following characteristics:

a) with parents who had fathers who physically punished them or hit their mothers - teaching them to respond to stress by using violence

b) with "parents who believe that physical punishment and slapping a spouse are appropriate behaviour" (Strauss 1980)

c) with parents whose "marriage is not important" to them and who "engage in physical fights with each other" (Strauss 1980)

d) with a "combination of low income, education and occupation" (Strauss 1980)

e) with "parents who believe that husbands should be the dominant person in a marriage" (Strauss 1980)

f) with "parents who were isolated" (Strauss 1980)

Strauss's work takes Gelles' study a step further as it documents the kind of families which are susceptible to stress and which react to this pressure using violence. The significance of this connection is that it identifies the types of families where treatment of stress will have a positive affect on their abusive behaviour.

Using the same "stressful life events scale" Strauss, Gelles and Steinmetz (1980) add further clarification to the identification of the types of families who abuse children due to stress. Based on their interviews with 2,143 families, they concluded that, in families where it is possible to identify ten or more stressful events, the incidents of abuse were "much higher" (Strauss, Gelles, and Steinmetz 1980).

They are the first authors to identify the relationship between child and parent as a potential source of stress. Such factors as premature infants, retarded or handicapped children and unwanted children are cited as being particularly stressful for parents. However, the authors also note that the birth of a normal child places a stress on parents. The stress is magnified if the parents are poorly prepared, with inadequate knowledge about "what to expect from

a child" (Strauss, Gelles and Steinmetz 1980).

They also found that stress and abuse were more significant depending on the number of children. As the number of children increases up to five, abusive incidents increase. Families with eight or more children were found to "rarely use violence on their children" (Strauss, Gelles and Steinmetz 1980).

The work by Strauss focuses on stresses within the family while Garbarino identifies lack of support, an external factor, as a stress on the family. In this regard Garbarino and Stocking (1980) state that when a family's resources are not adequate to cope with its stresses, the resulting frustration, anger, and depression can lead to child abuse. Their statement indicates the need for treatment plans to consider the role of supportive services in reducing stress and thus reducing child abuse incidents. For example, the use of a homemaker may relieve the pressures on a young single mother allowing her to get some much needed rest, which will then enable her to return to a more acceptable level of parenting.

Garbarino and Gilliam (1980) claim that stress is a greater factor on parenting when the individual does not have an established support system or the ability to use such a system. Again, the need for stress reducing supports is advocated.

Hill (1958) asserts that family functioning is affected by stress. Nagi (1977) and Gelles (1973) believe that child abuse is

influenced by the stress experienced by the family. Studies by Strauss (1980) and Strauss, Gelles and Steinmetz (1980) indicate the types of families where stress is most likely to have a greater effect. Garbarino and Stocking (1980) and Garbarino and Gilliam (1980) state that the role of stress on abusive families can be reduced with the addition of supports to the situation. Clearly stress plays a part in the abuse of children.

II. STRESS - DEFINED

In this section I will define what is meant by stress and will examine how individuals react to stress. The writings of Richard Lazarus and Hans Selye will dominate this material.

Scott and Howard (1970) identify eight different models that have been developed to explain the phenomenon of stress. I will be using one of those models, the biochemical model, as created by Hans Selye. Selye defines stress as:

> "the non-specific response of the body to any demand made upon it ... All agents to which we are exposed also produce a nonspecific increase in the need to perform adaptive functions and thereby to reestablish normalcy ... It is immaterial whether the agent or the situation we face is pleasant or unpleasant; all that counts is the intensity of the demand for readjustment

or adaptation". (Selye 1974)

Lazarus clarifies Selye's general definition stating:

> "The province of stress is most clearly demarcated when we are dealing with the extremes of disturbance of biological and psychological functioning, disturbances brought about by unusually threatening, damaging, or demanding life conditions". (Lazarus 1966.)

The combination of these two definitions provides an explanation of stress useful when looking at abusive parents. Thus, a child whom parents perceive as resembling a former mate can be seen as threatening to their peace of mind, creating a demand on the parents for "readjustment or adaptation" (Selye 1974), a stress on the parents. The abusive behaviour which can result is then the response to the "threatening ... life condition" (Lazarus 1966). A child who cries continually would also be stressful because it could be seen as "unusually ... demanding" (Lazarus 1966).

It is important to note that Selye's definition speaks of "any demand made upon" (the body). Lazarus' definition qualifies demand by stating "unusually threatening, damaging, or demanding life condition". I think this combination is important because I feel that abusive parents react to negative pressures by injuring their children. In my experience, I have not heard of a child being abused as a result of positive pressures, for example joy. The combination of the two definitions provides a better "fit" for abusive parents.

A second significant issue of this portion of the definition is the part that perception plays in identifying the "demand made upon

it". The individual's interpretation of what is demanding is important. What is an imposition for one person may not be for another. The individuals' perceptions would be influenced by their past experiences and knowledge. Abusive parents may have past experiences that tell them children should be neat at all times or have limited knowledge that allows them to believe children should be toilet trained by one year of age. If the child does not or cannot comply with these goals the parent could experience stress and view the child as the source of their stress. As a result, we see that caution must be exercised when trying to generalize about the pressures on the abusive parent.

Another facet of the definition of stress which is applicable to abusive parents is the area regarding adaptive functions. In Selye's theory the purpose of adaptive functioning is to reestablish normalacy. The abusive parent confronted by a child who is not meeting the parent's standards attempts actions directed at having the child conform. Physical force is the behaviour of choice by abusive parents. They adapt to demands placed on them by trying to alter through the use of force the behaviour of the child (the demand) and thus to reestablish normalacy.

The final aspect in the definition of stress which I will discuss is the "intensity of the demand for readjustment" (Selye 1974). Intensity refers to the person's subjective experience of the demand, the stress, and I believe that the abusive parent's behaviour shows her great vulnerability to experience demands intensely. For example,

her increasing use of physical force as a response to the child's behaviour reflects the intensity of the demands for readjustment. Initially the child's behaviour is handled with a slap by the parent. As the child's behaviour continues, the parent progressively uses more violent measures, for instance, the use of a belt or stick to administer punishment. Each time the parent attempts to reestablish normalacy and it fails, she has a more intense desire to gain equilibrium. The result is an escalation in violence.

In discussing the definition of stress I have used parent-child interactions as examples. That focus should not be interpreted to mean that stress originates only from parent-child interaction. The abusive parent could respond to other demands, such as environmental stresses with similar actions because as, the definition indicates, the direction of the demand is not particularly significant.

Selye (1974) describes the process by which stress affects the body. It is called the biological stress syndrome or, more commonly, the general adaptation syndrome. I feel abusive parents progress through a cycle which can be compared to the general adaptation syndrome.

The first phase of this syndrome is the alarm reaction. According to Selye, the "body shows changes characteristic of the first exposure to a stressor" (Selye 1974) and during this period ability to resist the stress is diminished. A child abuse analogy is the young mother with two preschoolers who brings home a third child

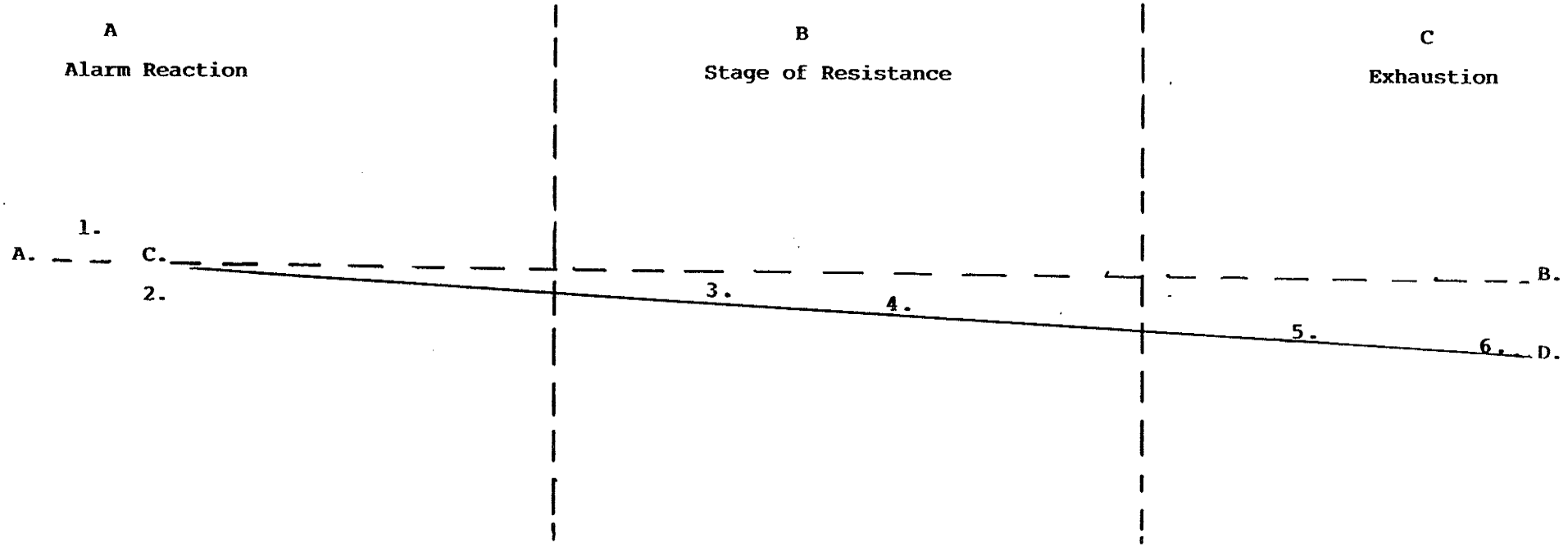
and has no apparent supports to help her. Her ability to cope with her children will be reduced. She will be less able to handle the pressures of parenting.

If this mother does not receive help she will enter phase two of the syndrome. Selye calls this stage - the stage of resistance. During the resistance phase the body performs at a level above the normal level of resistance (Selye 1974). In the example of the young mother she will increase her resistance to the stress. She may now use increasingly violent measures to cope with the stressors - her children. Prior to the birth of her third child she may have used physical discipline on rare occasions. Now, in the stage of resistance, she finds she must use harsher methods to adapt to the stress.

The final phase is called exhaustion. In this stage, the body runs out of adaptive energy resulting in a return to the first phase, the alarm reaction. The young mother in our example reaches the point where she can no longer respond to the children. Periodically she uses excessive physical force with the children. However, generally, she no longer is as concerned about the children and may ignore much of their behaviour as a result of her exhaustion.

In the following diagram which illustrates Selye's process, we can trace the movement of the parent from a reasonably competent mother to a child abuser (Fig. 3). The entire process may take a relatively short time (ie. days) or may take months or years. Based on the idea of stress leading to child abuse it is possible to see how

FIGURE 3



A - B Normal level of resistance
C - D Child Care Performance level of the mother in the example

1. Prior to the birth of her third child, mother was able to cope with two children.

2. Initially she feels overwhelmed resulting in a decreased ability to parent.

3. Adapts to stress by using physical abuse to "control" children.

4. Physical abuse is used to maintain equilibrium.

5. Children's behaviour does not change mother becomes tired - current physical abuse not effective.

6. Overwhelmed mother - children in danger - options limited - "fight or flight" response - if relief is provided family returns to #2.

(adapted from Selye 1974)

it could of course be stopped by use of a treatment or supportive service.

III. STRESS, ANGER AND AGGRESSION

My hypothesis is that stress is related to child abuse. It is now necessary to link stress to violence towards children. In this section I will provide a rationale as to how stress becomes translated into anger and ultimately into aggression directed at children. The material of authors such as Novacco, Bandura, and Berkowitz will be used to support my theory.

In the example I presented in the previous section the woman was confronted by a number of stresses and she had limited personal or external resources to help her meet those stresses. Novacco describes this type of situation and the behaviours which result as follows:

> "When the perceived demands exceed the enacted resources, stress reactions can then be observed to occur in varying degrees of severity. Various forms of coping responses or intervention efforts may be initiated to achieve adaptation. These attempts at coping may be directed at any one or several of the components in the process". (Novacco 1979)

The suggestion is that the mother's efforts to adapt to the demands may take the form of action directed at the source of the stress. In this case if she believes that her children are a source

of her discomfort, it is logical, in her mind, to direct her efforts at changing her children's behaviour and thus to reduce the stress she feels.

Frustration may play a part in the stress she experienced. Berkowitz (1962) defines frustration as the interference with meeting goals. The abusive parent has a number of goals for herself and her children. When these expectations cannot be met Berkowitz would argue, and I agree, that frustration would be the result.

The frustation-aggression hypothesis cited by Berkowitz states that "frustration creates a predisposition to make hostile responses by arousing anger" (Berkowitz 1962). The parent confronted by a child who will not perform up to her expectations is frustrated. The frustration generated by this incongruence results in the parent becoming angry and then "being predisposed" (Berkowitz 1962) towards violence as a result of her anger. However, violence is not necessarily a consequence of frustration. In order that anger is turned into violence or aggression the individual must have "learned to perform violent actions in response to provocations" (Berkowitz 1962). If we believe the assumptions of Kempe et al (1962) that abusive parents have themselves been abused it is not difficult to comprehend why parents under stress react with physical force. They have learned to respond to pressures with violence.

Albert Bandura in his book Aggression: A Social Learning Analysis discusses the concept of "modelling" as "one of the

fundamental means by which new behaviours are acquired" (Bandura 1973). He uses this theory to explain how people learn to be aggressive. Modelling, or learning by example, is accomplished by "four interrelated subprocesses".

Briefly I will explain these processes as they relate to the parent learning abusive behaviour as a child. First, the attentional process, where the subject who is to learn a new behaviour must pay attention to the behaviour being taught rather than merely observe. The use of physical punishment on a child is designed to get the child's attention. In any event, it is difficult to envision an abused child simply observing the act. He has to pay attention, the behaviour is happening to him.

The second step, the retention process, claims that the individual must have a memory of the modelled behaviour. My experience with abusive parents leads me to believe that they vividly remember their parents treatment of them.

The third part of modelling, the motor reproduction process, indicates that the subject is more likely to repeat the learned behaviour is he has a chance to practice it. Physically abused children do "practice what they learn" and tend to be more aggressive (Reidy 1977).

In the fourth step, the reinforcement and motivational process,

the individual receives positive rewards or at the very least acceptance of his learned behaviour. In my opinion, this process takes place in the abusive home. Further support of this thought can be gained by reading "Making Pete Tough" (Henry 1963).

Bandura supports the theory that abusive parents have been abused as children. In referring to a longtitudinal study done by Silver, Aublin and Lourie of child abuse cases, Bandura states:

> "study of child abuse cases over three generations shows that children who suffer brutal treatment at the hands of assaultive parents are themselves inclined to use abusive behaviour in the future". (Bandura 1973)

Berkowitz explains the role between being abused as a child and abusing as a parent in the following way:

> "Maternal permissiveness toward aggression probably leads ... to relatively weak internal restraints against aggression". (Berkowitz 1962)

Thus we can see the process by which the abusive parent comes to respond to stress in a violent manner and the support there is in the literature for this concept. I will now turn my attention to how children become targets of the abuser.

The child, by his reluctance, or inability to meet parental expectations, or simply by his presence may be a source of frustration to the parent, and frustration, as we have seen "creates a predisposition to make hostile responses" (Berkowitz 1962). The expression of anger is directed at the child as the source of the parent's frustration. The anger is acted out as violence because as Berkowitz (1962) states, aggression is greatest when it is aimed at the source of its frustration. The child becomes, in effect, a "hostility sponge" (Wasserman 1967).

If the abusive parent's frustration was with her mate and that individual was away or had abandoned the family, the child may still be abused. The rationale for this attack according to Berkowitz (1962) would be that the angered parent cannot direct her anger at the appropriate target (the other mate) so the angered parent attacks someone who is "most similar to the instigator". The child may in fact, fit that description and therefore be subject to attack. Essentially, the child is abused because of the parent's reaction to stress.

IV. STRESS AND COMMUNICATION

I have established that, in certain families, there is a direct correlation between stress and child abuse. A prime factor in the individual's inability to cope with stress is the "lack of social (especially verbal) skills" (Averill 1982). In this section I will

discuss how difficulties with verbal skills, that is, poor communication abilities, are a part of stress, particularly for abusive parents.

As the purpose of the practicum is to delve into the connection between stress and child abuse, the discussion on communication will be brief and will focus on how it relates to child abuse and stress. It is not designed to be an overview of general communication theory. Throughout this section of the practicum I will refer to Virginia Satir's work on communication and families.

Satir (1972) identifies four forces that she feels are at work in all families: self-worth, communication, rules, and connection to society. She has found that in healthy families self-worth is high, communication is clear and honest, rules are flexible, and connection to society is open while in unhealthy families, such as abusive families, self-worth is poor, communication is unclear and not honest, rules are inflexible, and connection to society is unclear and negative (Satir 1972). These four forces must be included in my examination of the stressful situation found in an abusive family as it is only through making some changes in these aspects of family functioning that stress will be relieved and abuse will decrease. I will discuss each concept and illustrate how it affects an individual's ability to cope with stress, and thus contributes to child abuse.

The first force is self-worth or self-esteem, the feelings,

positive or negative, one has about herself and the kind of person she is. Referring to self-worth Satir (1972) says "I am convinced that the crucial factor in what happens both inside people and between people is the picture of individual worth that each person carries around with him". The abusive parent has a low self-concept - she feels incapable of effectively influencing the world around her, unworthy of receiving positive input, fearful of the future and the world around. Living in her own little shell of mistrust, fear, discomfort she is unable to relate to others in an open, caring way, with any awareness of the other's feelings. Thus the abusive parent, with a very low feeling of self-worth, experiences stress which is then expressed as anger and aggression directed toward her child. Because of her involvement with her inner-self she has no ability to relate to her child's feelings in this situation or to she how she is harming him.

Several authors have cited poor self-esteem as being characteristic of abusing parents (Steele and Pollock, 1974; Blumberg, 1974; Breton, 1979; Kempe and Kempe, 1976; Justice and Justice, 1976). This poor self-concept has been learned by these abusive parents, starting in their families of origin or possibly earlier in the family history, and is an aspect of the intergenerationality of child abuse. Fortunately, because it is learned, it can be re-learned in a different, more positive way.

Communication, the second important aspect of family living that Satir (1972) identifies, is the key to changing one's self-worth.

Satir (1972) states:

> "Communication is the largest single factor determining what kinds of relationships he makes with others and what happens to him in the world about him".

The term communication refers to all the ways in which a person exchanges information with the world around, and how she processes that information. As indicated earlier, abusive parents have poor communication skills (Averill 1982). This lack of skill can be seen to arise from a number of sources. Communication is learned, (Satir 1972) first in the family of origin, so we can see that these parents have had a negative model to learn from. Secondly, all information given, received, and processed by the abusive parent is based on a very low feeling of self-worth. "They expect to be cheated, stepped on, depreciated by others. Expecting the worst, they invite it and usually get it." (Satir 1972).

This difficulty communicating is a key factor in the stress experienced by the abusive parent. Because of the poor self-concept, she tends to interpret incoming information negatively, as a "put-down", a negative stress. Outgoing information, based on this negative interpretation, may not respond clearly to the request, giving off a confusing message. The parent's stress level is then increased by her inability to have her message understood. Feeding into and complicating the whole picture is the fact that the abusive parent, because of her lack of verbal skills, cannot express the

stress she feels as a result of this miscommunication. The process by which this stress is then acted out as abusive behaviour toward the child was discussed earlier.

The third important aspect of Satir's work is the concept of family rules, the guidelines that form the basis for the way the family operates. Satir explains that people assume they know the rules they live by. Yet, on closer examination, it can be seen that many rules are based on the "shoulds" passed on from one generation to another which operate at an unconscious level. These rules may or may not be relevant to the current family and their situation.

Steele and Pollock (1974) identify that abusive parents recreate their own upbringing in raising their children, they use the same family rules as their parents. The abusive parent, for example, may hit her child because "that's what you should do when children don't obey", based on her experience - "that's what my mother did when I didn't obey".

Stress arises out of this rigid, compulsive application of rules that do not fit the situation and do not work. The parent often is not aware that she is operating under rules passed on and lacks the skills necessary to identify and express those rules. Despite the fact that many abusive parents, in my experience, express that they do not wish to continue in the same path of child abuse as their parents, their blind devotion to old family rules makes anything other than abuse impossible. Again communication is an important tool in

enabling the parent to deal with the force affecting her life and thus ameliorate the stress rather than react to it by directing anger and aggression toward her child.

The final force in family life that Satir (1972) examines is the connection or linkage to the outer world. Satir (1972) goes on to talk about families as closed systems or open systems based on an assessment of how the family operates. A closed system is characterized by resistance to change and outside influences, strict rules enforced by the use of physical force when necesary, and devaluation of self-worth in favour of power (Satir 1972). An abusive family is an example of a closed system, with a poor, ineffective linkage to the outer world. This closed system is based on a low self-worth, creating mistrust and fear in interactions with others; poor communication skills, resulting in an inability either to express needs, feelings, wishes or to understand what is offered, available; rigid, unworkable rules of how life "should" be, so goals are unattainable and unrelated to reality.

The example of the single-parent mother with two preschoolers who brings home a new baby can be used to illustrate how this force operates in an abusive family. The mother's low self-worth leads her to believe that she is not deserving of help and that it will not be forthcoming, even if she asks. Because of inadequate communication skills she is unable to make it understood what she needs or why she needs it, if she does ask. The family rules she operates by tell her she "should" be able to manage her own situation without outside aid

and that, if she cannot do so, she is not a good parent. These three factors combine to create a situation where it is impossible for the mother to relate to the outside world in the open, honest way necessary to have her needs met. Her view of the world as a hostile, unfriendly place is reinforced. She is left alone to deal with overwhelming demands, stress rises, and, based on what she has learned about how to deal with frustration and anger, child abuse results.

Satir's work on communication points out how stress factors become much more complex for these parents. Her theories provide an overview as to ways in which to approach the families in the practicum. Communication is important because it is a part of child abuse and of stress. The following chapters are the results of my integration of child abuse theories and stress. Intertwined in this material is Satir's work on communication.

PART II

CHAPTER IV - THE PRACTICUM DESIGN

This brief chapter is to serve as an introduction to the practicum activities. I will outline the setting, the procedures used to obtain cases, the intervention plan, the clientele, and finally the tools used to evaluate their performance throughout the practicum.

I. THE SETTING

The practicum was conducted at the Children's Hospital, Health Sciences Centre, from September 1984 to March 1985. I was a part of the Department of Social Work for the hospital. The Department works in conjunction with the Child Protection Centre to provide social work services for abused children and their families. As a result I was a member of the Winnipeg Child Abuse Team and attended various team meetings where my cases were discussed by the inter-disciplinary group.

Supervision was provided by Dr. Don Fuchs, my practicum advisor, and by Mr. Dick Marinelli, Director of Social Work for Children's and Women's Hospitals, and a member of my practicum committee. The format for supervision was the review of various audio and video tapes that I made of my meetings with clients.

Individuals were seen at the hospital as much as possible. However, practical issues such as child care arrangements dictated that many meetings were held at the clients' homes. In order to assist families with child care responsibilities, meetings were held in the evenings, where I met at parents' homes with children often a part of the therapy or at the hospital where a spouse could be home to babysit.

The individual sessions lasted approximately one and one half hours and were held on a weekly basis. Most families were seen on twelve consecutive weeks with three exceptions: one woman asked for and received four additional meetings and two families dropped out after four sessions.

II. PROCEDURES

Initially I had difficult getting families referred to my program. Presentations had been made to the Children's Aid Society of Winnipeg Abuse Unit, the Parent Aide Program of the Child Protection Centre and Children's Hospital. Despite these presentations no cases were forth-coming which seemed to be contrary to the concerns raised by individual workers regarding the lack of treatment resources for abusive families.

The timing of the presentations, ie. summer, may have had something to do with the lack of success. Workers and clients were planning and taking vacations which meant contracting for new services or treatment plans were often put on hold. Generally, the workers at the various agencies remained interested and verbalized support for the treatment plan, but, none the less, throughout the summer no cases materialized.

Upon my return to work in the fall at Children's Hospital I was able to identify potential cases. Families became involved in the practicum via two routes. I or other hospital based personnel identified the family as being involved in an abusive relationship with their child or it was felt there was imminent danger that abuse would take place.

The second manner in which clients were referred to me was via child welfare workers. In all, five of the ten families were referred by child welfare. In each, the situation had been investigated and confirmed as a "bona fide" case of child abuse. Three of the five families had had their children removed on a temporary basis. In all cases referred to the student I made contact with the family in person, or if this was not possible, telephone contact was made. An initial interview was held where I explained the treatment plan and their part in it. Every client was given a week to decide upon their participation in the practicum.

III. INTERVENTION

The primary goal of the intervention was to reduce the parent's aggressive actions towards her child. In order to accomplish this task efforts were made to reduce the stress on the parent, the rationale being that if stress could be reduced abusive behaviour would also decrease. Other related objectives were to have the parent understand the child's limitations, to help her learn to enjoy the child and to encourage the parent to interact with the child in a manner which promoted their relationship, essentially to have the parent be able to communicate with her child.

The parent was also expected to learn new ways of coping with other issues which added to her sense of being overwhelmed. For example, relationships with families of origin for all the families worked with were a source of stress. A goal of treatment was to reduce this stress by having the client examine the impact of her family's behaviour, whether it be past or present, on her own functioning. Subsequent to this discussion the client was to discover and utilize new methods of coping with the stress of her family.

Whenever possible treatment included the entire family. Generally the first three sessions were used to assess the areas of stress which were signficant to the family. Areas which were covered were past history, relationship with parents and siblings, past abuse,

current relationship with spouse and children, environmental factors which affect the family. In the assessment phase the student attempted to determine the precursors to the parent losing her temper with her children and striking them.

The treatment phase consisted of work designed to improve the parent's communication skills and to reduce stress. Communication was to be enhanced by role playing. In order to ameliorate the parent's ability to talk with her children it was often necessary to increase the parent's knowledge of child development. As a result, time was spent reviewing child development and the different behaviour patterns associated with the various ages and stages of childhood.

Stress reduction was accomplished by using Miechenbaum's Stress Innoculation Training (1977). The basic steps in his treatment plan include education, rehearsal, and application. The educational phase dealt with the client recognizing the feelings associated with increased stress. These feelings included both physical and emotional aspects experienced during times of great stress.

The rehearsal phase involved giving the client new ways to cope with the feelings identified. In this area relaxation techniques were taught and practiced to have the client learn to handle the intense feelings she had. The hope was to prevent the client from being overwhelmed by her feelings. Throughout the rehearsal phase the client was encouraged to break large tasks into smaller more manageable action plans, thus hopefully re-emphasizing to the client that she can

in fact cope with stress. In all subsequent problems brought forward by the client, I emphasized the breaking down of major problems into smaller tasks.

The final phase involved having the client utilize the skills she learned in situations in her home. In order to prepare her for the life situations role playing was often used with me acting as the stressor.

Generally I acted as an advisor to the client helping her refine her coping skills. The client was encouraged to come up with alternatives when she ran into problems. I attempted to be positive, congratulating the client on her efforts and minimizing setbacks while at the same time giving her the courage to try new alternatives.

Closely related to Miechenbaum's Stress Innoculation Training was Novacco's Anger Control Treatment which was used to provide the parent with insight and ways to cope with her anger. Essentially, Novacco's treatment phases corresponded to Miechenbaum's phases.

The goal of the intervention was to have the abusive parent recognize her feelings and do something positive before she acted in an angry aggressive fashion towards her children.

IV. THE CLIENTS

Ten families were seen during this practicum. Five were single

parent families with female heads. The other families were two parent families. In two of the families the husband was not the father of all the children. The step-father was involved in one of these two families.

Five of the families were referred by child welfare agencies. The remainder were directed to the practicum by hospital staff.

In nine of the ten cases the abuser was a female. Of those nine abusers, six had been physically abused as children, four of them had also been sexually abused. All abusers were the primary child caretakers.

Six of the families supported themselves through employment. One was a student and three were on Mother's Allowance.

The abused child in seven cases was female. The age at the time of abuse ranged from five months to thirteen years. In eight instances bruising was the abuse recorded, in the other two the parent stated a fear of losing control with the child. In both of these cases the mother had admitted to screaming and shaking the child.

Half of the abusers were between twenty and twenty-five years of age. The rest were between twenty-five and thirty.

V. EVALUATION TOOLS

Clients behaviour was evaluated on two pen and paper tests and on client diaries. I shall now discuss each tool and how each was used.

A. Questionnaires

I chose to conduct this evaluation by using a quasi-experimental design; specifically, a Pre-test Post-test format. The client was given the same two tests prior to, and following the intervention. The object of the tests was to illustrate the effect that treatment had upon the client. This effect was to be calculated by comparing test scores before and after the intervention.

As noted by Blythe (1983), child abuse is a particularly difficult variable to measure. It is so because among other reasons, parents have a legitimate reason for wishing to hide the injuries they cause to their children. Further injury to the child often results in the removal of the child from the parental home. Based upon this rationale, I chose to address other issues in my evaluation.

The questionnaires I used were designed to measure parental attitudes towards their children and parental anger. I reasoned that the parents' opinions of their children were colored by high stress levels and that, if stress was reduced, these opinions would change.

Therefore, the first questionnaire measured parental attitudes. The second questionnaire was used to measure the anger response of the parent to a provocative situation. I felt that treatment with these parents around the area of anger as it relates to the stress reaction was significant in the area of child abuse.

The measurement tools I used were:

1. The "Index of Parental Attitudes" (Appendix K). A short twenty-five item pen-and-pencil measure that evaluates the contentment each parent is experiencing in her relationship with her child. It is part of a package of scales by Hudson and his co-workers and is reported "to have internal consistency reliabilities and test-retest reliabilities (stability) of 0.90 or better .... high face, concurrent and construct validity." (Hudson, 1976, as cited by Bloom and Fischer, 1982). It was relatively easy to score this test. Scoring was accomplished by reversing the scores of the positively worded items (i.e. 1 became 5, 2 became 4, 3 remained the same, 4 became 2, and 5 became 1), then adding the total for the twenty-five items. The positive items are listed at the end of Appendix K. The higher the score, the greater the degree of problems.

2. The "Anger Index" (Appendix L) is a pen-and-pencil measure that evaluates the degree to which an individual can be provoked. The original questionnaire designed by Novacco (1975) consisted of

ninety questions. For the purpose of this practicum, I chose twenty questions because many of Novacco's examples were not appropriate for my clients and I felt ninety questions was too many to ask. I scored the responses by adding up the numerical value for each answer. The higher the score, the easier the individual was provoked.

B. Client Diaries

In asking the clients to keep track of their actions with their children, I had three purposes in mind. First, the diaries provided examples which the clients were party to, as opposed to examples I might have come up with. Second, it gave the clients a vehicle by which we could discuss together, changes in their behaviour. Third, the diary gave me a weekly assessment as to how the clients were coping. I shall discuss each purpose in more detail in this section.

The diaries provided an excellent vehicle for the clients to provide specific examples of the kinds of behaviour they found most difficult to deal with. At the beginning of each session the clients had a ready list of situations which could be discussed. This list proved to be useful throughout the course of treatment as the clients could use their examples when we were discussing a treatment objective, making the discussions more relevant for them. In addition, recording in their diaries on a daily basis, as they were asked to do, forced them to review their actions with their children.

As a result, they would identify patterns which provided clues to where stress originated for them. Those individuals who "discovered" these links also had an increase in their confidence as they began to take responsibility in the treatment process.

The second objective in having the clients keep diaries, was to provide a mechanism to give them feedback. The hope was that as treatment progressed, I would have more and more positive examples to cite for the clients. As with the prior rationale for the diary, the feedback could relate to specific actions taken by the clients. I theorized that this more personalized feedback would provide more positive rewards for the clients than the generalized feedback I would give if I did not know these examples.

The third purpose of the diary was to give me a glimpse of how the families were functioning. In this regard, it acted as a supplement to my ongoing assessments. On a daily basis the clients noted how they felt, how they acted, and on a weekly basis I was able to review their observations. The diaries proved useful in the area of ongoing assessment because at times the clients would claim the week had been "O.K." but in reviewing their notes on the week, it became obvious there were some major problems. The clients' notes also served to identify areas where we had to spend additional time in the treatment proccess.

The diaries were a useful part of the evaluation process. They

provided a subjective opinion of positive movement towards a better relationship between parent and child. As I had hoped, the clients reflected the efforts that were invested in helping them.

Conclusion

All of the families I saw throughout the practicum were interesting. Each presented a unique learning experience, all were challenging to deal with. In the next chapter I will detail my intervention with three families and their responses to the treatment process.

CHAPTER V - INTERVENTION - THREE CASE STUDIES

The purpose of this chapter is to detail the intervention used with the families and to illustrate how it applied to the various complexities they presented. This task will be accomplished by presenting three families as examples. I will discuss each of these families under four headings. The four sections are: a general description of the family, an assessment of the problem, the intervention and the outcome evaluation. The families I have chosen provide a representative sample of the variety of issues presented to me throughout the practicum.

I. A Two-Parent Family with Elementary School-Age Children

A. Description of the Family

This family consists of two parents and three children (Appendix A). The mother is twenty-eight years of age, this is her second marriage. The father is twenty-six and it is his first marriage. Their union of four years has produced a two year old son. There are two daughters ages eight and seven, products of mother's first marriage.

The presenting problem is mother's inability to control her temper with the two girls. In particular she has a great deal of

difficulty with her seven year old who, according to mother, "lies, steals and doesn't come home on time". The actual abusive incident took place when mother became frustrated with the child's misbehaviour and hit the seven year old across the backs of her hands with a stick resulting in bruising and swelling. The school teacher noticed the injuries and called child welfare.

Family dynamics are such that role definitions between the parents are quite rigid with father working outside the home and mother assuming all home duties including complete child care responsibilities. Father is often "out" in the evenings because "he needs time to relax after working all day" and much of the time on weekends he sleeps. On the other hand, mother rarely gets out on her own and often cares for the children twenty-four hours a day, seven days a week for weeks on end. Understandably she is at times tired and easily frustrated. She has high expectations for her children and applies a great deal of pressure on them to comply.

Generally the children are well behaved, although the middle child can be very provocative. Mother indicates that since this second child has started school she has "gotten worse". Prior to attending school mother cannot recall any serious problems with the girls and does speak very positively about her two year old son.

B. Assessment of the Problem

Mother is at times overwhelmed and receives no support from her spouse. As a result she must deal with some difficult behaviour on the part of her second daughter alone. As a parent she has a limited range of techniques to use in attending to her child's behaviours.

Attempts to involve the family in a treatment approach were refused as father denied any responsibility for the situation. The mother was most interested in treatment. She had been abused (sexually and physically) as a child and this history appeared to be influencing her actions with her children and husband.

For this woman stress arose from her own history. She had her memories to contend with and periodic contact with her parents and older sister, her abusers. She also had stress from the contact with her non-supportive husband. Finally her daughter's behaviour presented another source of stress for her.

C. Intervention

The treatment plan was designed to address the needs of the client in three areas. For this woman her family of origin was a source of stress with both her parents and her sister causing her a great deal of problems. The thought of contact with them was

sufficient to change her facial expression, body posture and verbal presentation. Another area of stress was her relationship with her husband. The third locality of stress was the contact with her children. I shall discuss the strategies I employed to reduce the stress in each of these areas.

Efforts were directed at reducing the stress this woman experienced in contact with her parents and sister. The plan was to have her accept her past history and devise a means whereby she could deal with these adults without being "re-abused". Mother had stated that in dealing with her sister and her parents she often felt small and powerless. As a result, contact with them left her hurt and angry. The rage she felt within her often spilled over resulting in her using excessive force with her children.

Helping this woman to accept her past involved spending much time reviewing the actual incidents. Painfully she detailed the physical assaults that her father administered to her. The focus was upon the actions taken by her father and what brought on these attacks. According to her memory in many of the incidents the punishment did not fit the crime and sometimes she could not remember doing anything wrong. I attempted to have her assume responsibility for the incidents where she felt she needed punishment and at the same time remove her responsibility for the manner in which punishment was administered and for those times when she was beaten for no apparent reason. A similar strategy was employed for dealing with the sexual

abuse by her siblings, an older brother and sister.

She stated many times in these discussions how she tried to have the abuser stop, how they would not listen to her beacuse she was too small or not persistent enough. The memory of her trying to change the situation but being powerless to do so was an issue which was still causing her problems. As a result the focus of treatment became learning assertiveness techniques which would allow her to stand up to her parents and her sister in a manner in which she could have more control.

Regarding her relationship with her husband we discussed methods whereby she could communicate her wishes and needs clearly. The efforts were designed to re-define the roles they had assumed in their marriage; her hopes to have him take some responsibility for the running of the house and to make it possible for her to work outside the home on a part time basis. Smaller changes were discussed such as his babysitting for an evening so she could go out or hiring a baby-sitter so that they could go out together. The objectives of efforts directed at her husband were twofold, one to have her play a much more active role in the relationship thus reducing the stress indirectly and secondly, to get her out of the house which would directly reduce the stress level. Stress was to be reduced by focusing on communication patterns and family rules (Satir 1972).
The object was to have the client set new rules, as she found the "old" ones were not working.

A rule for this family was that it was alright to hit people. We approached this rule from the perspective of, if it was OK to hit her child, it would be OK to hit other people you cared about if they did wrong. Further why not hit everyone who offended you? She felt very uncomfortable about hitting strangers, but felt she had a right or duty to hit her children if she needed to. We then discussed the type of circumstances under which she would "need" to hit her children. She quickly replied that they needed to be physically disciplined as "reminders" or "corrections". However, in our discussions she stated that despite her use of physical force her children did not improve their behaviour. In fact, it appeared that their behaviour might be getting worse. Her rule that "a parent must hit children to correct or remind them" was not working.

We discussed a rule change whereby she did not hit the children, but rather she tried talking to them. In order that she be able to attempt this rule she needed some new communication skills. This mother's communication style with her children took the form of literally hour-long interrogations. Many of her questions were set up in a fashion which belittled the children and made them either "informers" on each other's behaviours or co-conspirators. Both responses infuriated the mother. She was very angry when one child "told" on the other one, but was equally annoyed when as she put it, "they both lied".

A prime example of this type of situation took place one day when mother left the kitchen for fifteen minutes before lunch. When she

returned, a bowl, which contained the children's lunch, lay broken on the floor. She immediately got angry and told the children how "stupid and clumsy" they were and then began asking "who did it". The result was that the children blamed each other and then tried to implicate a two year old brother who was not in the room. Mother became more and more angry and launched into a lengthy questioning session which yielded no further information on the accident. Finally, totally exasperated, she hit both children with her hand for lying.

With this mother I provided practical ways to handle her communication with her children. I suggested she already knew the dish was broken and that her two daughters were responsible. Instead of blaming, accusing or interrogating I proposed she state clearly that she was angry and that she wanted the children to clean up the mess. The message was an honest reflection of how she felt followed by an action the children could take to make amends for their behaviour. The change in communication from blaming to a levelling response (Satir 1972) provided the mother with a way of getting her feelings across to her children without becoming embroiled in a long debate which left her frustrated.

Barth et al (1983) refers to such behaviours as "I statements". I also used Parents Are Teachers (Becker 1971) to provide this mother with alternatives to her critical statements with her children. The attempt was to have her "catch (her) child being good" (Barth et al

1983). We instituted a "new" family rule where the children were rewarded, usually with cookies, for doing "good" things. They were told what the rewards were for. Essentially with this mother I wanted her to learn to reward good behaviours and to ignore many of the "negative" behaviours. She had a tendency to watch closely for the children to make mistakes. If she found a behaviour she could not ignore I suggested she deal with the child's offending behaviour in an honest manner. She was to attempt to stop using terms which were designed to belittle the child, for example, stupid, clumsy.

D. Outcome Evaluation

1. Test Results

This mother showed a modest decrease in her angry responses to provocative situations, as measured by the Anger Inventory. Her initial score of 51 was the lowest score recorded by any of the parents on the first test. After the treatment her score was 42, indicating a small decrease in her response to situations which could arouse anger.

Her relatively low scores on this test I believe relate to two issues. The first factor is the manner in which this woman responds to provocative situations. Generally, she tended to deny any anger by avoiding confrontations. When she was unable to avoid a dispute she readily accepted that she was at fault. The issue in treatment for this woman was not as much geared to handling her angry feelings, but

rather at having her establish an assertive stance where she had the right to be angry. As a result, the test did not measure the progress she made.

A second factor was the timing of the intervention for her. Unlike the other parents she was not in a crisis-like state when I began work with her. The child welfare worker had provided her with appropriate assistance. The relationship between the social worker and this parent had served to diffuse much of the anger associated with the discovery of the abuse. In addition, the incident had taken place months before my intervention and therefore the mother had time to deal with any anger she felt.

In the second test on Parental Attitudes Towards Their Children she demonstrated a signficant movement. Her initial score of 51, the highest score recorded by any parent, decreased to 9 which was the lowest score recorded. These results indicate a positive change in her attitude to her children.

As shown by the first test this mother had considerable difficulty with her children. She was on many occasions totally unaware of her children's needs and their abilities based on their stage of development. Negative thoughts were attached to many of the children's behaviours by this mother. By providing her with knowledge of the stages of child development and having her discuss this new information in relation to the chidlren's actions she made large gains. In addition, giving her new methods of talking to her children

increased the chances of having a positive encounter with the children. These "good times" served to decrease the negative thoughts she had of the children, which in turn decreased the conflicts between parent and children. As a result there was a positive spiraling in the contact between parent and children as opposed to the negative one which previously existed. The second test reflected this change.

2. Client Feedback

This woman was very positive about the treatment. She stated that "someone finally listened to her". This comment was made in connection with our discussions surrounding the abuse she had suffered as a child and her feelings towards her children. She claimed by having someone listen to her story and give her feedback she was able to see the issues more clearly.

In regards to viewing her problems she found the problem solving strategies helpful. She found them to be "down to earth" and "understandable".

She felt that she had new ways to deal with situations, and the confidence to try them. In addition the assertiveness work, she believed, would allow her the opportunity to look for further help if needed.

3. Observations

I saw this woman move from being extremely tense and unhappy to a more relaxed, cheerful person. She possessed a strong commitment to work on her problems and as a result most often presented a willingness to try the exercises we worked on. Over the course of five months we met regularly and she became increasingly enthusiastic as she experienced successes with her family. The comments she made and her emotional presentation reflected my feeling that she made tremendous gains in treatment.

II. A Single Parent Mother With Pre-School Age Children

A. Description of the Family

This family consists of a single mother and two children (Appendix B). The mother is twenty-five years old, her son is four years old and her daughter is three. She had been separated from her husband for three months at the time of her self-referral. She also has two other children from previous relationships, a son eight years old and a daughter seven years old but both children are with her relatives in another province. There is little contact between mother and these children.

The mother referred herself for treatment after spanking her four year old in a rage. She tearfully detailed accounts of instances when

she feels she loses "control" of herself and cannot stop hitting her son. Despite her fear and her claims that the child had already been severely damaged he did not show any physical signs of abuse. A subsequent developmental assessment revealed that the child was within acceptable parameters for his age and he related well to his mother. The bond between them appeared significant to both parties.

In spite of the positives demonstrated by this family mother's frustration and anger were very real. In addition, her separation from her husband appeared to undermine any confidence she had developed within herself. She had asked her husband to leave because she felt he was "smoothering" her. He had, in her words, "changed from being strong to a weak man who was too dependent on her". As a result, she was frustrated by him and, when this feeling would not be resolved, she separated from him. At the point of my contact she was questioning this decision and was angry at being caught in this position. Her husband made her position more difficult by constantly making pleas for reconciliation.

B. Assessment of the Problem

Stress seemed to originate from two areas for this woman: her relationship transition from married woman to single parent and the change in her oldest child's behaviour due to that transition.

The change in marital status had implications that this woman had not been prepared for. Her mother had thought very highly of her

daughter's husband and as a result let her daughter know that in her opinion, she was wrong for separating from her husband. That attitude alone was difficult to deal with. However the stress was increased because the situation repeated the pattern from this woman's childhood when she had been physically abused by her alcoholic mother for being "wrong". The result was that not only did this client have to cope with a separation, she also was in a position where she had to deal with many issues from her past. Essentially she was caught between trying to please herself and wanting her mother and, to a certain extent, her husband to accept her.

The second source of stress arose from her relationship with her four year old son. As this mother became preoccupied with her own difficulties the attention she devoted to her son waned. He was particularly sensitive to changes in his life and as a result began demanding more of his mother's time through acting out behaviour. His negative behaviour was particularly difficult for this mother because she had few coping skills and had resorted to ignoring him until she lost her temper. When she became angry she reacted quickly, without thinking, using disciplining techniques which had been used on her. She saw herself becoming increasingly physical with her child.

C. Intervention

The client identified two areas where stress occured. Her mother and husband applied a great deal of pressure on her and were therefore a source of stress. The demands of these two individuals were similar

and will be discussed together. Another source of stress was her behaviour with her son. In this regard she had few coping strategies and allowed his behaviour to control her until she was completely overwhelmed. The strategies I employed in the treatment plan were designed to reduce the stress this woman felt in these two areas of her life.

In order for this woman to cope with the stress presented by her family it was necessary to develop a strategy where she could stand up to their demands without assuming responsibility for them. The separation from her husband and the renewed conflict with her mother were a constant worry for her and she was becoming exhausted, resulting in her limited coping skills being further diminished.

As an initial step we worked on "speeches" which she could use with her husband or mother. I attempted to educate her as to how her contact with her husband was contributing to her increased stress. In this regard I had her relate how she felt emotionally and physically after talking with her husband. She related that the conversations lasted hours sometimes and that the most obvious feeling she experienced was tiredness. By focusing on the exchange with her husband we discovered that she also felt like she was going around in circles, frustrated, helpless, overwhelmed and confused. Physically she recognized that she had a headache and was exhausted but was usually too upset to sleep after talking to him. In the course of our discussion of her meetings with her husband we focused on her feelings

and having her recognize these powerful emotions.

Once she was able to recognize these feelings we then began the process of looking at where they came from and how she reacted to these same feelings. I concentrated my efforts on making it clear that the feelings were not the problem but rather her reactions to these feelings were. We discussed how she could avoid getting into positions where these feelings commonly occured, or if that was not possible, how she could alter her responses to the feelings.

For example, we worked on a major source of conflict between her and her husband, visiting rights with the children. When they had separated they had not consulted a lawyer and as a result they had a very loose arrangement about when, where and how many visits the husband was to have. I had her brainstorm on how she could handle the issue of visits in such a way as to avoid or reduce the emotional storm she usually experienced. She presented a number of solutions ranging from stopping all visits to giving the children to her husband. The process of talking about options at first was difficult for her. She often used the phrases, "I can't" or "I shouldn't" as a rationale for not presenting any options. Once we were able to move beyond this point she actually laughed as she talked about how her husband would react if she just "gave" him the children. Slowly we went through her options discarding the ones she felt she could not live with. We then began to work out a plan for how she could present the options to her husband without becoming involved in a long drawn

out confrontation.

The prospect of talking to her husband in a different manner was both exciting and beyond belief for her. Again, she presented a variety of excuses as to why it "wouldn't" work. Initially, my input was directed at convincing her it was an effort which she could do. Reluctantly, she conceeded it was worth a try because she was not getting anywhere with her present efforts with her husband.

In the next sessions we rehearsed "speeches" she would use with her husband. We attempted to cover the possible counter arguments her husband would use. She also presented the non-verbal behaviour he would use to attempt to coerce her, like tears. We discussed how she would feel if he used these behaviours, how she had reacted in the past and how she could react differently. The rehearsal sessions involved role-playing where she and I played both the husband and wife roles. We also discussed the setting and timing of the meeting.

In all of the discussions the efforts were designed to reassure her fears by addressing many of the possible problems that could arise. Generally, I attempted to have her set up the meetings according to where she felt the most control. For example, her husband often initiated these discussions by simply coming over to the home, usually late at night. To counter this situation we worked out how she could inject a degree of control. She decided she would call him and discuss the issue on the phone. The use of the phone allowed

her to control the ending of the conversation. She felt that if her feelings were starting to get the best of her she could terminate the conversation and set another time to try again. Although it was impossible to predict every possible problem the process of planning for problems and then solutions increased her confidence and demonstrated she could control the situations and the feelings associated with them.

A similar strategy was employed in dealing with the stress presented by her mother. In each situation she would apply what she had learned in our sessions and then we would discuss the outcomes. On many occasions she needed to revise her plans which we would again rehearse. Gradually, however she became more proficient at expressing herself with her husband and her mother and, with each success, she became more confident.

A second identified source of stress for this woman was the behaviour of her son. She found she lost her temper with him and often "found" herself screaming at him or hitting him.

In order to deal with this stress I followed a similar format to that of handling the issue of her husband. Therefore, I first attempted to have her recognize her feelings. Once I had had her educate herself on her feelings we could then move on to rehearsing ways to deal with those feelings. Finally, she would apply her learning in actual situations. The situation with her son also

involved controlling her anger therefore the treatment addressed both reduction stress and anger control.

With this woman I wanted to have her recognize the early signs of being stressed and/or angry with her son. We discussed the re-occuring times when she generally lost control with her son. Our conversation involved the positive aspects of anger, in particular how it was a relatively easy emotion for her to show. The focus of this phase of treatment was to have her accept her feelings and to have her recognize these feelings more quickly. Again, I had her think in terms of emotional and physical feelings. With some prompting she was able to identify feelings in both areas. From her accounts it was obvious she was aware of having her anger aroused prior to attacking her son.

The task was then to have her begin to gain some control over her emotions as early as possible. She related that as her anger rose she tended to deny her feelings. Rather than recognize that she was feeling increasingly tense, both emotionally and physically, and do something about it, she ignored these warnings. It was of no consequence whether the provocation disappeared before she lashed out because the energy she used in denying her feelings left her exhausted. When she was tired she reacted more quickly to attack the source of her provocation.

The first step was to educate this mother about her anger process. In this area I relied on my understanding of her accounts of

her reactions. I had her pay special attention to her angry moments and record her feelings. The process of documenting her emotions forced her to acknowledge them. I hoped that the action of writing about her emotions would have the spin off effect of slowing down her responses. I felt she could control her angry outbursts if she could give herself time to think about it.

Once we had covered the educational component of identifying and understanding her actions we devoted our attention to new methods of reacting. As had previously been the case she often used the phrases "I can't" or "it won't work" when the discussion turned to possible alternatives to her angry responses. She blamed her reactions on her son. "If he didn't do ... I wouldn't have to ..." was a common statement for her. In working on new methods of reacting it became important to clarify for this mother the issue of who was responsible for her actions.

A method for changing her behaviour involved getting her to recognize the interactional aspect of what happened between her and her son. As she was able to accept this approach we began to work on a way for her to change her role in the situation. The process involved her talking to herself in a positive fashion that would enable her to recognize her increasingly tense feelings, take responsibility for them and identify options. We used role playing to help her clarify how she could apply this strategy.

For example, we worked on the following circumstance. Mother

finds herself in a situation where her three and four year olds are fighting in another part of the house while she is making dinner. Their screaming and noise make her angry. Her first statements help her to recognize her feelings: "Here we go again! I can feel the muscles in my shoulders tense, my stomach is getting upset". After noting her feeings, the next statement focuses on recognizing the dynamics involved: "When the kids fight after I told them not to I feel like I'm not a good parent". At each step I had her brainstorm as to how she could inject positive options for herself. Statements such as: "I feel tense. I have to gain control of myself", or even simply "at least this time I'm aware of my feelings before I react".

By the next statement we wanted to change her past responses: "The last time this happened I didn't handle it well. If I go in right now it'll get worse, maybe they'll settle the problem on their own". A final statement was used to provide a solution to the problem, "Okay, if they don't settle down in two minutes I'll go in and put them in separate rooms and they can stay there until it's supper time". The preceeding strategy is an adaptation of Novacco (1975) and Barth et al's (1983) work with abusive parents.

By using the foregoing format we were able to slow down this mother's response to anger. After she had handled the situation successfully I encouraged her to praise herself for her efforts.

We also looked at different ways of communicating with her

children. For instance with her son we worked out a time each day where mother spent undisturbed time with him. In order for this strategy to be successful it was necessary for the mother to learn how to play with her son. Through painting and playing with him she began to enjoy him more and as a result did not view all of his behaviours as negative. According to this mother the child showed a slight decrease in his attention seeking behaviours which also reduced her stress.

D. Outcome Evaluation

The treatment had a positive effect on this woman's behaviour with her children. I will support this assessment by describing her movement from three perspectives: the test results, her comments and my observations.

1. Test Results

This mother's test scores decreased on both the Anger Inventory and the Parental Attitudes Towards Their Children. In both cases the drop was a modest amount (70 to 62 on the Anger Inventory and 50 to 40 on the Parental Attitudes). The relatively small change did not match either her observations or mine. However there appears to be no apparent rationale for the discrepancy.

2. Client Feedback

This mother reported that she learned a number of useful skills. In particular she noted the ways of spending time with her children as being helpful for her. She also felt that "planning out difficult situations before she had to face them" (role playing) was beneficial.

The treatment approach, which was flexible, appealed to her and she enjoyed coming to the sessions. She stated that she was able to talk about her problems but that she did not just "complain". Generally, her feedback was positive and she was able to identify the areas where she received help with her children and in dealing with her husband.

3. Observations

This mother worked hard in our time together. She was undergoing a major life change from married to single parent. She was honest and courageous in sharing the details of her childhood, marriage and role as mother. She enthusiastically tried out suggestions, often returning the next week for further clarification or to announce she had improvised a different way.

At the end of treatment she had gotten a job and found appropriate child care. This action seemed to enhance her self esteem. Although she was aware that trying something new, such as working and being a single parent, may create new problems she wanted

to test herself.

The challenge was a positive step for her as before treatment she had difficulty coping with her life, let alone try something new. Despite her movement her reactions to stress remain a source of concern. However, at the completion of treatment she had a better understanding of her strengths and weaknesses. As a result I feel she can cope more successfully and will reach out for help if the need arises.

III. A Two Parent Family With An Adolescent Child

A. Description of Family

The family consists of two parents and three children (Appendix D). The mother is thirty-one years of age and this is her second marriage. The father is thirty and it is his first marriage. They have been together four years. There are three daughters ages thirteen, nine and eight. None of them are the step-father's natural children. The eldest girl has a different father than her two sisters. Neither of the fathers play an active role in the girls' lives although the eldest daughter has threatened to "run" to her sisters' father, a man she views as her father.

The referral came in when the eldest daughter took her sisters' to a neighbour's and called child welfare after receiving physical

discipline with a belt when money was discovered missing. The step-father readily admitted to using the belt to "teach them a lesson". Mother, although not involved in this incident, agreed with the punishment and admitted to using similar methods in the past. Both parents indicated they would continue to use physical methods of discipline.

The children were removed from the home by child welfare. The younger two children wanted to go home and were subsequently returned within days of the incident. Their older sister however was adament that she was not going home. At the point where I was introduced into the family the eldest child had been out of the home for six weeks and was still not interested in returning. The younger children were at home and expressed no concerns for their safety. The parents were very angry and frustrated with the agency and felt no progress had been made in getting their daughter home. They felt that they had been wrongly accused as "abusers", wanted their daughter home and people to leave them alone.

B. Assessment of the Problem

A source of stress for this family was the relationship between mother and the eldest daughter. As an adolescent this mother had left her abusive father's home in an effort to find her mother who had deserted her. Now her daughter was beginning a similar struggle. This mother, as had her father in the past, had responded angrily,

attempting to discourage her daughter by telling negative stories about the girl's father.

In addition there are other similarities between the eldest daughter and her mother. Both women possess tempers which they lose quickly. Neither does much talking, preferring to deny their intense feelings and, as a result, not making efforts to resolve differences. These likenesses contributed to a build up of stress between them. The source was the issue of the young girl attempting to find her father but the stress was magnified by their inability to communicate.

Another source of stress in this family lay in the fact that the mother did not recognize that her daughter was moving from childhood to adulthood. The mother's fear was the child would want to leave the home and not return. Rather than deal with this issue the mother set up more blocks for the child to overcome. The mother had the same rules for her thirteen year old as she had for the nine and eight year olds. As a result the eldest child often got into disputes with her parents, in particular her mother, in an effort to change the rules that governed her.

A final aspect of stress in this family surrounded the schedules of it's members. Both parents worked shifts and all five family members were active in recreational activities. Unfortunately the activities were not family oriented but rather they were individual pursuits. One or more family member would be away for at least part

of every evening. The lack of family time coupled with their poor communication skills made it difficult for them to deal with feelings. The only emotion which was expressed regularly was anger and due to limited time this emotion was not dealt with adequately. As a result the family often went off to their recreation feeling angry.

C. Intervention

The treatment strategy was designed to address the stresses presented by this family. However, initially I attempted to deal with the anger that the parents demonstrated as it was my feeling that until the anger was recognized and managed, any discussion around stress was pointless. As a result the first two meetings were spent providing the parents with the opportunity to ventilate their feelings.

After ventilation, I worked with the parents to have them recognize the part that the interaction between themselves and their daughter played in the daughter's unwillingness to return. This action was a necessary step in order to bring the daughter back into the home. It appeared essential that if the daughter were to ever return, family sessions would be the best vehicle to facilitate such a move.

Stress appeared to stem from two primary sources, the relationship between mother and daughter and the lack of communication

generally between family members. I will now document the treatment strategy I employed to meet each need.

The early sessions with these parents indicated that the mother in particular had some difficulty recognizing her eldest daughter's movement from childhood to adolescence. The daughter was treated in the same way as her two younger sisters. All three had the same bed time and privileges, a situation which annoyed the oldest child. Any discussion which might have been forthcoming from the first daughter was quickly ended by the mother who was fearful, "If I allow one to question my decisions, then they'll all be doing it and I'll have chaos". Clearly she did not differentiate between the various needs of her children.

The focus was initally to have these parents increase their knowledge of adolescents. The rationale was that their ignorance of "normal" adolescent behaviour was responsible for some of their stress. In order to compensate for this deficiency it was necessary to provide basic adolescent development information. This task was dealt with by providing the parents with material to read, for example "How Your Child Develops Year By Year", a provincial health publication. As the material dealt with children of all ages, I emphasized the adolescent changes because it was this age that was causing these parents the most concern.

In the discussions that followed the reading we dealt with

behaviours which the parents found most difficult to handle. The daughter's movement away from the family was a particularly sensitive issue. Apparently all of a sudden this young girl had changed from being content to stay home with the family to not wanting to be home. She often asked to spend time after school with her friends and was not happy to just come home after school and be with her sisters. Unable to view this change as healthy, "normal" behaviour the parents began to make more demands on their daughter's time.

The hope of this aspect of the treatment was to have the parents look at their actions with their daughter from a different point of view. Through their learning of new information it was believed that stress would be reduced. By being able to "re-define" their daughter's behaviour they could decrease the stress that arose between themselves and this adolescent girl.

The issue of adolescent development was further complicated because the daughter's struggle for independence was strikingly similar to that of the mother. However this likeness had apparently not been noticed by the mother. As a result, she often found herself repeating the same behaviours which had been administered to her by her father. The mother talked of her own upbringing with a great deal of emotion, much of it unresolved anger. The observation that her own emotions as an adolescent and now her daughter's emotions were very much the same brought strong denial from this mother.

However after discovering more likenesses, for example both

mother and daughter were "running" to find a parent who had abandoned them, mother began to see the parallels. Stress had built up because mother saw some of these behaviours and was fearful her daughter would end as she had, physically abused, alone on the streets, and sexually used. The mother was unable to tell her daughter of her concerns, in part due to communication problems, in part due to fear. Instead, she attempted to control her daughter's behaviour and in this way avoid having her daughter endure the same pain she had felt.

Stress was to be reduced by having this mother recognize her fears and concerns for her daughter. It was rationalized that if mother was aware of some of her motives in disciplining her child she could be more direct and honest with her daughter. Stress would be decreased because she had clarified for herself what the issue was. Having discovered what that baseline was she could now begin to find a way to adapt to that pressure, whereas previously she was unable to adapt because the concern was undefined.

The parents were now at the point where they were accepting some responsibility for the child's refusal to return home. The daughter had been involved in a treatment process and, although I had not been working with her on a regular basis, I had met with her to prepare her for family sessions. Both the parents and the girl were anxious to start working together in family meetings. The family sessions were designed to decrease stress in the family. Both parties were prepared to meet the other and they readily agreed that stress reduction was a necessary goal.

I felt that a major source of stress for this family was their lack of family time together and their poor communication when they were together. In order to address these issues I proposed "family meetings". Initially, these meetings centered around my visits. The entire family was there but the younger two children more often than not left to watch television. The first meetings were designed to address doing problem solving on particular issues that had arisen between parents and adolescent daughter. After having dealt with the issue at hand I took time at the end of the session to reflect on how we had come to a consensus. The effort was designed to illustrate to the family the need for such meetings and how the process could work for them.

Along with encouraging them to hold their own meetings we established rules which all parties agreed upon. The rules focused on making sure everyone had a chance to speak and that people were not interrupted. The rationale was that having observed the communication which went on in family sessions where I was present, they could with some basic rules duplicate it on their own. After they tried the meetings alone with a suggested topic I proposed they set up their own agenda.

In an effort to address a specific stress in this family I suggested the mother and eldest daughter have their own "meeting". Neither mother nor daughter was very verbal, especially when only the two of them were present. As a result, I proposed that they "meet"

while shopping for clothing.

Stress was reduced by illustrating communication techniques and then having the family practice. The family meeting provided them with a forum to discuss issues and the communication training gave them skills to state their concerns and prepared them to hear each other. Through the use of this format the family could avoid the build up of stress.

D. Outcome Evaluation

The family made progress throughout the period of my involvement. I make this statement based upon three criteria: my observations, the family's feedback, test results of both the Anger Inventory and Parental Attitudes.

1. Observations

The first observation which indicates progress was the daughter's ability to move home and remain there. Prior to my intervention she had been unwilling to return home.

Secondly, the family was able to begin to communicate in a positive way with each other. The concept of family meetings helped them spend time together. Previously they had not spent much time together as a family.

Third, the relationship between mother and daughter had improved. They were talking to each other in a manner which was conducive to solving problems rather than creating them.

Fourth, the parents through their work with me were more aware of their children's needs. In particular, they were able to appreciate the specific needs of adolescents. This information on child development allowed them to examine the children's roles in the family. The result was more confident parents who could deal with their children rather than hide behind rules which were sometimes rather rigid and arbitrary.

Fifth, the stress level in the home decreased. The mother in particular seemed more relaxed and less edgy. There was more laughter in the home for example, where previously the mood was tense.

2. Self-Reports

The family told me that things were going better in the home. The daughter felt "listened to" and, as a result, she claimed "it ws worthwhile to speak up". She indicated she wanted to be at home, that it was a "good" place to be.

The mother reported she "enjoyed" coming home where on occasion in the past she had dreaded coming home to deal with her children. She also reported feeling "like she was getting to know more about her

kids", recognizing that in the past she had set up "walls" between her and the children.

The father felt that things were "clearer" now, "the kids know what we want and they tell us what they want".

3. Test Results

On the Anger Inventory test given before treatment both parents scored high, indicating a high degree of anger. The mother had the highest score of any parent tested (72 out of a maximum 100). After the treatment process, in the subsequent retest she produced a score of 45, a decline of 27 which was the largest decrease.

The test results would indicate that throughout the treatment process this woman's anger was decreased.

Her husband's score also decreased from 68 to 52. His initial score was the third highest of all persons tested and his decline of 16 was second most dramatic. Again, it would indicated that his anger was decreased.

Possibly other factors besides the treatment may have influenced the decrease in anger. The most obvious concern had been this couple's anger at the Child Welfare worker and, with my involvement, they had to deal with this individual much less. A second issue was that they were first tested while their daughter was out of the home

and the second test came after she had returned, a fact that pleased them. However, the focus of treatment was to reduce angry feelings and this goal was accomplished.

The mother's test scores on the Parental Attitudes Towards Their Children also indicated that she saw her children more positively after the treatment. Her score decreased from 42 to 21, the second largest decline. On the basis of this result it is possible to conclude that she experienced a more positive regard for her children, something where she verbally attested to.

Her husband's scores went up after treatment indicating that he felt more negatively toward the children after treatment. This feeling was not reflected in his verbal reports. One possible explanation for the increase was that his first test score, which was very low 18, left him with little room to decrease his score. That is, his final test score was so extreme it would have been difficult to decrease this score.

A possible rationale for his first test result may have been his desire to show he was not a child abuser and that he felt positively towards the children. In the second test he was not as compelled to prove his innocense (of child abuse) and therefore answered the questions more truthfully.

Conclusion

The three family examples used in this chapter have served to illustrate the methods I utilized in the practicum.

In the next chapter, I will discuss the treatment techniques which I used throughout my work. I will provide the reader with less specific case examples and will focus on discussing the phases of the treatment process, using the overall actions of my clients as illustrations.

CHAPTER VI - INTERVENTION - THE THEORETICAL BASIS

In this chapter I will discuss the overall treatment approach from a theoretical standpoint. I will focus on the theories of Miechenbaum (1977), Novacco (1975) and Satir (1972), which form the basis of my treatment plan.

Satir's (1972) work provided an approach to use in assessing my clients. The focus, using Satir's rationale, was to determine the communication patterns operating in the family. The forces she identified - patterns of communication, family rules and self-worth (Satir 1972) furnished a framework for having the clients speak about their relationships both past and present. The rationale in obtaining this information was to begin to identify the stresses which were significant to the family.

Once stresses were noted Miechenbaum's (1977) Stress Innoculation Training was utilized to provide a treatment framework. In conjunction with Miechenbaum's theory I also used Novacco's (1975) work on Anger Control. Novacco uses a similar approach to Miechenbaum in presenting a treatment plan for child abusers. The use of material on anger was seen as important because many of the clients expressed having a feeling of uncontrollable anger at the point of abuse.

Both theories use an approach of education, rehearsal and

application. The therapist "educates" the client about the concept of stress, then together they "rehearse" alternatives to the current destructive stress reaction and finally the client "applies" this new approach in real life situations. Each of these phases will be described in detail later in this chapter.

I will detail the salient points of my treatment plan, relying heavily on the previously stated three authors. I will illustrate, with some general examples how I utilized the theories and how they were received by the client group. For a fuller description of the families the reader is invited to turn to the Appendices.

I have broken the treatment plan into four phases and will discuss each separately. The sections are assessment, education, rehearsal and application, which also included termination.

I. ASSESSMENT PHASE

The initial two or three sessions focused on gathering information. I accomplished this through dialogue with the clients rather than using formal assessment tools. As part of the process I explained the overall strategy and design of the practicum. I attempted to present the material in a positive manner in an effort to begin to deal with the negative feelings expressed by clients at being referred to as "child abusers". I wanted to create an atmosphere of acceptance of their emotions. My intention was to overcome the rejection and denial that I sensed they had experienced in the past

and to have them begin to come to terms with their own emotions.

The process was focused as I had specific areas which I wanted to cover, based on my use of Satir's (1972) work. I was interested in determining how the client was functioning in regards to communication, family rules and self-worth (Satir 1972). In the following paragraphs I will detail the issues which I discussed with the client in developing my assessment.

The first issue I brought up with the client was her feelings regarding the referral to the program. In that regard I dealt with how the abuse was identified and her feelings about the same. I believed it was important to determine her commitment to treatment and the degree to which she had dealt with the initial reaction to the abuse.

After discussing the identification of the abuse it was a natural step to talk about the circumstances of the incident. The client was encouraged to relate her feelings about the abuse. This description also led to a discussion of the parent's view of her behaviour with her child.

After dealing with the circumstances that brought these families to my attention our focus shifted to their family of origin. Steele and Pollock (1974) indicate the significance of past parenting for abusive families. Satir (1972) refers to the family as a "factory" where people are made. These two statements underline the rationale

for discussing the family of origin with these families.

Efforts were made to elicit information as to how the family of origin raised children. Questions focused on who did the bulk of parenting, remembering the good times and the bad times. The client was encouraged to recall her feelings about relationships with mother, father and siblings along with other significant people in her childhood. The purpose of such discussion was to determine the type of parenting the client received which may be significant to her current parenting style. Abuse theories of Helfer and Kempe (1962) and Steele and Pollock (1974) indicate that those who abuse have been abused themselves as children.

I was also interested in the marital relationship in the family of origin. In this area I was attempting to elicit information on how the parents operated. Who made decisions? How were rules explained? How were such rules carried out?

Another issue which I dealt with in regards to the family of origin was how they communicated. How did your parents show you they cared or how did they show they were angry?

My assessment then proceeded to deal with the circumstances of the current family situation. I was most interested in how the family communicated, where were difficulties or stresses most common and how did they currently handle these stresses. As a result, I focused on how parenting was done and how the parents decided who would do the

parenting. I was also concerned about how the parents resolved any differences of opinion between themselves whether it be about parenting or other issues. Communication with their children was also a part of this section of the assessment. In discussing communication with the children I attempted to clarify if there were specific times or places where the parent had continual difficulty with their child. I was hoping to identify patterns where the parent ran into trouble.

A similar strategy was employed to discover re-occuring themes of stress between the parents. Through these efforts I was attempting to begin to define the stresses which played a part in these families lives. I then elicited current coping techniques and had the client identify how these strategies worked, and if they did not work, why not.

The final aspect examined in the assessment phase concerned environmental issues significant to the family. Satir (1972) talks about communication and self-worth, factors which I felt would directly affect the parents ability to manipulate and utilize her environment.

This issue was the last area covered in the assessment phase and what follows is a discussion of the general findings of my assessment.

The clients I dealt with had low self-esteem. Throughout our examination of the issues described previously they continuously described themselves in derogatory terms such as "I'm sick" and "I've

got a big problem". As a group, they had difficulty talking of how people showed affection towards them. Few could remember times when they were told good things about themselves, with the result being they believed they were worthless, useless. This low self-image diminished their confidence in their ability to influence their environment. They believed they could not change their world and that those around them would not help them. As a result, they were isolated, preferring to keep to themselves rather than risk rejection or refusal. The isolation confirmed for them that they were worthless. "No one cares about me" was a commonly used phrase.

A second problem area I identified was that of family rules. There was predominance of rigid, patriarchal families. For example, the parenting was automatically done by the woman. None of the families could recall discussing the issue. As one mother (Appendix A) stated, "that's just the way it is".

The parenting style also illustrated a lack of flexibility in family rules. In each circumstance the parent had definite preconceived ideas as to what the child should do. The parent's perception was often based on what she remembered from her parents and rarely did she attempt to alter or enhance her ideas through reading or talking to others.

Family rules dictated that resolving problems could be undertaken only after losing one's temper. In describing how issues were settled, a pattern such as the one that follows could be identified in

a number of the families. One partner would lose his or her temper while stating a concern and the offending spouse would promise to change. However, no improvement was forthcoming and the problem would return days or weeks later. Physical force was seen as an acceptable way to show displeasure or "resolve" disputes.

The parents had definite rules which governed their lives. These rules often originated in an earlier generation and were applied to the present family situation with a rigidity and inflexibility that allowed no possibility of adapting to the situation. The result was that rules were used inappropriately and in many cases rules that clearly did not work continued to be applied, resulting in anger and frustration.

A third problem area that emerged through the discussion of the various issues I focussed on in this phase is communication. Parents did not know how to express themselves, so feelings, whether of hurt and anger or of love and caring, were rarely stated in a clear, honest manner. For example, many families when asked, "Did you tell him/her how you felt?" replied, "They should know how I feel". Their communication was ineffective. They had difficulty getting their message across to their spouse, children and others in the community.

Communication was characterized by critical, angry, negative comments. However, even in this area of communication they often had to reach a "boiling point" before they expressed themselves. As a result of their communication patterns they often created more

problems for themselves when they tried to solve an issue.

In the course of the assessment process I found the family of origin had a much greater influence on the current situation than I had expected. As a result I had to spend more time on this area than I had anticipated. Throughout the course of treatment the families often returned to issues of their childhood. Originally I had planned to devote the majority of the treatment to dealing with the current family situation. Without this flexibility I would not have met the clients' needs adequately.

By the end of the assessment process I was able to conclude that all of the families were experiencing difficulties in the three areas of family functioning identified by Satir. They are communication, family rules and self-esteem (Satir, 1972). I felt that the characteristics presented were similar to those discussed in the literature on abuse. The families described by Kempe et al (1962), the Justices (1976) and Gil (1970) had the same problems, although the terminology used to describe them differed.

Hill (1958), Gelles (1973) and Strauss (1980) all describe dysfunctional families as being under a great deal of stress. Garbarino and Stocking (1980) and Garbarino and Gilliam (1980) indicate that abusive incidents can be reduced by decreasing stress on the family. Therefore I believed that by treating the stress found in these families I could help them improve their functioning and reduce abusive incidents.

Despite the problems these families experienced they generally showed a desire to change and a willingness to participate. It is with this understanding that they approached treatment.

II. EDUCATIONAL PHASE

Upon completion of my assessment I began the treatment process, the first phase being to educate the client. In order to help the client learn to cope more effectively with the stresses in their lives I used Miechenbaum's (1977) Stress Innoculation Training. Aspects of this theory have been used previously in regards to abusive parents (Denicola and Sandler 1980). The treatment of anger associated with stress will be handled by utilizing Novacco's (1975) work on anger control. In Novacco's treatment of abusive parents he cites the work done by Miechenbaum. Barth, Blythe, Schinke and Schilling (1983) use some of Novacco's principles in their treatment of abusive parents.

I will break down the educational phase into five sections.

Miechenbaum (1977) states that the first step in stress innoculation training is "to provide the client with a conceptual framework in lay terms". The concept of stress is widely used, inspite of the fact that it may not be readily understood. Therefore, it is important that the client understand what stress is and how it affects parents interactions with their children. Miechenbaum (1977)

continues that the explanation "be plausible to the client" and "its acceptance should naturally lead to the practice of specific, cognitive, and behavioural coping techniques". In order for the client to co-operate in the treatment plan it is imperative that they understand the rationale for such a treatment plan.

I explained the concept of stress to my clients as pressures upon them which have a negative effect on their actions with their children. For example, you (the mother) are upset with your spouse, so are experiencing stress, and your child dumps his lunch on the floor, adding more pressure. This combination of pressures leads you to strike out at your child.

The second portion of the educational phase involved having the client identify the symptoms of stress (Miechenbaum 1977). The object of this section was to have the client associate her own unique physical indicators with increasing stress. I found the discussion used by Satir (1972) talking about "internal dialogue" as a good beginning point because many of the parents did not pay much attention to their feelings. Through talking about how sometimes we get upset and then have a queasy stomach, or clench our fist, or grit our teeth or get a headache I was able to convey the concept of feeling to these parents.

Once clients began to associate their physical feelings with their emotional states they provided an interesting range of feelings. The mother in Appendix C would "repeatedly clench her fists", the

mother in Appendix D would "become very quiet", in Appendix A the mother would "get headaches and cry more easily" and many reported feeling "tense all over". The stomach and head appeared to be the most common sites for feelings associated with stress.

The method I used was to have the client record these stressful feeings in a daily log in order to enable her to learn to recognize her feelings. We then discussed how she dealt with these feelings in the following week's session. I also attempted to have the client relax and control these feelings, through the use of techniques, such as "pause and take deep breaths" (Barth et al 1983) or Progressive Relaxation (Bernstein and Borkovec 1973).

The third part of the educational phase involved discussing the "anxiety-engendering avoidant thoughts" (Miechenbaum 1977) that the client had which contributed to her stress reaction. Miechenbaum cites examples of this aspect of his theory such as "a sense of helplessness, panic thoughts of being overwhelmed by anxiety, a desire to flee, ... fears of going crazy". As in previous sections of the treatment process, I slowly explained the meaning and importance of this step in helping the client become aware of the thoughts that increased or maintained her stress level. By discussing this area my goal was to have the client identify how she contributed to her own stress and how her negative thoughts made meeting demands, such as those made by her children, more difficult.

Many of the parents talked about being overwhelmed by their

problem, of fearing that the problem would "swallow them". During times of stress they spoke disparagingly of themselves and their abilities to cope. At a time when they needed more confidence, they seemed intent on belittling the skills they had. After talking to themselves in such a fashion it was hardly surprising that they did not handle situations well. Undoubtedly, in my opinion, their past inabilities to handle problems with their children influenced their fears when a new situation arose.

The fourth phase of Miechenbaum's (1977) education component involved breaking the stress reaction into four parts. The purpose of this section of the training was to get the client to slow down and think about her reactions.

The four steps are:

"1. preparing for a stressor
2. confronting or handling a stressor
3. possibly being overwhelmed by a stressor
4. reinforcing oneself for having coped"
(Miechenbaum 1977)

In teaching clients these steps it appeared that many found it difficult to envision the successful completion of Steps 2 and 4. The mothers in Appendices A,B and E in particular seemed quite negative. With those mothers I provided possible solutions to the problems they presented. However, generally parents came up with their own solutions. At this point in the practicum the parents' tasks were to talk about how they would successfully handle the stressor. There was

no pressure to attempt their proposed plans. As a result, discussions often took on a light-hearted and humourous side as together we worked out the step-by-step implementation of resolutions to a variety of stresses. The brainstorming about solutions provided the parents with the opportunity to look at the implications of their solutions as I often presented the ramification of their choices. We always talked about how they would feel implementing such a plan, what would be the fears before, during and after making such a choice. Through the use of these hypothetical situations, I was able to have the parents look at themselves, see some of their weaknesses, but also some of their strengths. By pointing out some of their strengths it became possible for them to start giving themselves some positive reinforcement.

The "breaking down" of the stress reaction into four steps proved to be an easily remembered scheme for the parents. The use of imagination to create positive scenes versus the negative ones they usually carried around with them also proved to be a useful exercise.

The final phase of the educational period involved providing the parents with child development information. Many parents gave numerous examples to indicate that they had either little or incorrect information regarding child development. The mother in Appendix E felt her two year old "had (toileting) accidents on purpose, he knows better". The parents in Appendix D did not understand their thirteen year old daughter's need to be alone. Some parents were unprepared to entertain their child throughout the day. The mother in Appendix B did not know how to keep her child occupied and, when he was bored, he

usually went exploring, which caused problems in the home. I found it was necessary to spend time providing basic information for these parents. I used the Manitoba Department of Health pamphlets: You and Your Pre-Schooler, You and Your Toddler, Toilet Training, How Your Child Develops Year by Year. I choose these pamplets because the language used was clear and direct, they were readily available in quantities which made it possible to give them to parents to take home, and they were free. I reviewed the material in each pamphlet, asked the parent to read them and answered any questions. In subsequent meetings where an issue arose regarding a child I referred to the pamphlets.

The educational phase was now complete. I had instructed the clients as to a definition of stress and how it affects them. Using their examples, I illustrated the "feeling" and "action" parts of stress. Having completed this phase it was time to move to what Miechenbaum (1977) refers to as the Rehearsal Phase.

III. REHEARSAL PHASE

In the rehearsal phase the object was to provide the client with the opportunity to try out various options which they could utilize to combat stress (Meichenbaum 1977). These techniques were divided into two categories, child management strategies and general coping strategies. Child management provided parents with some practical "how to's" which they could use with their children. The general

coping strategies were designed to deal with a variety of stresses, but could, of course, also be used in dealing with children. In the area of general coping techniques, I dealt with the issues of anger and personal assertiveness. As a way to cope with stress I taught the principles of Progressive Relaxation (Bernstein and Borkovec 1973) and I will discuss the program in this section.

During my assessment period I had found that many of the families had problems talking to each other. The mother in Appendix A spent much of her time interrogating her children. The parents in Appendix F had difficulty talking to each other. In Appendix D the entire family was so busy that rarely was anyone available to spend time talking to another family member. It became obvious that parents needed ways to talk to their children, to each other, and children to their parents. The lack of communication or in some cases destructive communication was a serious source of stress. It caused problems for these families. Therefore, in the rehearsal phase I attempted to have these families practice skills they could use at home.

The treatment of families using a communication approach is a large, complex task. The purpose of this practicum is to focus on stress and as such the role communication plays is a smaller one. I focussed only on communication patterns and family rules.

A communication pattern which I worked on with many parents involved Satir's (1972) concepts of blaming and levelling. The behaviour of these parents with their children was characterized by

phases like "You never listen", "You're bad", "It's your fault". The parents' efforts seemed to be directed at finding mistakes the child made, which of course brought on more blaming.

The focus of treatment was to move the parents' communcation to a levelling response. That is, the parents were to identify their feelings, take ownership of those feelings and then express them. To help the parents we reheased situations which involved problems with their children. Rather than debating with the child as to the source of the misdemeanor, or as to who did it, or belitting the child for past behaviours the parent was asked to simply describe the behaviour which was a problem. From that point the parent was to describe how she felt in one sentence and then set an action which the child was to perform to make amends. I also used Parents Are Teachers (Becker 1971) to provide parents with positive "reinforcers" to replace their earlier critical statements.

In addition to communication patterns I attended to family rules, another of Satir's (1972) concepts. The parents I worked with had a "family rule" which involved catching their children making mistakes. They explained that it was necessary to make sure their children were caught and punished when they did wrong. As a group they felt that children would grow up to be irresponsible citizens if their parents did not punish them.

After helping the parent to identify this family rule which may have been in effect for generations we began to create new rules. In

this regard I utilized Barth et al's (1983) concept of "catching (the) child being good". The parents were asked to reward their children for doing "good" things and to ignore as many "bad" things as possible. The child was to be told what "good" behaviour he was being rewarded for.

The general goal was to have parents see their child more positively and to attempt to reduce the number of issues that they got into fights over. A new rule involved setting priorities on which misbehaviours the parents felt they could not compromise and must react strongly to, as opposed to the old rule where the parents "fought" over every issue. The hope was that through altering their child management techniques they would have more resources to cope with stress.

Throughout my research in preparation for this practicum, and based on my experience with abusive parents it was apparent that anger played a part in the injuries inflicted on children. In the assessment phase parents (Appendices A,B,C,E,G) expressed feelings of great anger and of "not being able to control" their anger. A major stress for these parents was their fear of their anger. The mothers in Appendices A, C and G found themselves in difficulty with their children because of this fear of their anger. Seemingly their anger overcame them without notice and they were then at the mercy of their emotions. Therefore it was important to approach the concept of anger directly in order to have these parents learn "that their feelings are (not) wrong but that their ways of coping with provocations are

maladaptive" (Novacco 1977).

Treatment of these angry responses was attempted using Novacco's (1975) work. The basic model of intervention was similar to that used in the treatment of stress, that is an educational, rehearsal and application phase. Many of the tactics used in the general work on stress overlapped into the discussion on anger. At times anger appeared to be the result of unresolved stress. Therefore, many of the examples parents brought forward had elements of stress and anger mixed together. I choose to separate the two in order to find some specific anger management techniques. These skills were utilized with examples where the client identified their anger as the problem. For example, the mother in Appendix C stated "everything was going well, then suddenly I became angry and lost control".

The educational phase provided the clients with ways of recognizing the signs of their anger early and the re-occuring times when they generally lost their temper. We discussed the positive aspects of anger, in particular how it was a relatively easy emotion for them to show. The focus of this phase in treatment was to have the parents accept their feelings and to have them recognize their feelings quickly. Awareness of their arousal as early as possible has been noted as being significant. Novacco (1975) believes it is "one of the most important principles of anger control". He states, "The further into the provocation sequence one goes, there is a corresponding decrease in the likelihood that a self-control process can be initiated and be effective (Novocco 1975).

The rehearsal phase involved helping the clients to "recode provocation signals" (Novacco 1975). In order to accomplish this task the discussion turned to the parents' perceptions of the child and/or the child's behaviour. The object was to have the clients arrive at the thought that the child was not out to get them or make them look bad, a feeling which was expressed by parents in Appendices A,B,C and E. The alternative to their anger was accomplished through the use of positive self-statements in which the client would reinforce the belief that she could handle the situation. Both Novacoo (1975) and Barth et al (1983) use self-statements in the treatment of abusive parents.

Another option which I used in the rehearsal phase to provide the client with a way to deal with stress was some work on assertiveness. As with many of the alternatives I have used to provide ways of coping with or avoiding stress, assertiveness training can be a program itself. For the purpose of this practicum I utilized some assertiveness techniques to supply my clients with a specific skill to add to their communication repertoire.

The framework for the work on assertiveness was provided by Smith (1975). Specifically, I used the "broken record" technique which teaches the skill of calm repetition ("saying what you want over and over") to the unassertive individual (Smith 1975). The scripts provided by Smith were used to illustrate the principle and I had the clients role play to gain experience.

The final technique which I used in the rehearsal phase was Progressive Relaxation Training (Bernstein and Borkovec 1973). Muscle relaxation has been used in coping with stressful situations (Miechenbaum 1977) and as part of a treatment plan with abusive parents (Denicola and Sandler 1980). In this practicum it was part of the overall attempt to reduce stress. I used the relaxation technique with four families where they identified stress as interfering with sleep.

The process by which I taught the skill involved instructing the client on how relaxation was accomplished. Each individual was shown how to tense and relax the various sixteen muscle groups. After illustrating how each muscle group was tensed and then having the client identify the feeling of relaxation in that muscle group, we proceeded to go through the relaxation exercise. I instructed them on which muscle group was to be tensed next.

We used relaxation technique as a "change of pace" in the sessions, often devoting the last portion of time to this activity. Mothers A,B,C and G seemed to enjoy the process of "relaxing", as generally it was a much less threatening part of the treatment process. In order to help them with their relaxation practice sessions were recommended for them to use at home. To facilitate the practice they wrote down the sixteen muscle groups which required attention. All had difficulty practicing at home citing examples such as "little quiet time" or "feeling uncomfortable about practicing when

someone was around". However, we continued to practice in the sessions because they enjoyed doing so. The work on relaxation did stimulate them to examine what other activities they used to relax and, as a result, we set up "relaxation schedules" where they were doing a "relaxing" activity every week. Although the work on relaxation did not evolve in the way I had planned, it was useful in explaining that there was a need and a way to get away from stress, if only temporarily. With the use of "breaks" an individual, in this case a parent, could cope with periodic times of high stress demands.

Throughout the rehearsal phase I attempted to give the clients alternatives to their current stress responses. I attempted to adapt the presentations to fit the individual needs of my clients. As a result some clients spent more time on different aspects of the therapy. However, all were exposed to all of the technique described in the rehearsal phase. Having now provided the clients with alternatives it was time to apply the new learning.

IV. THE APPLICATION TRAINING PHASE

Miechenbaum (1977) suggests the client "should test out and practice his coping skills by actually employing them under stressful conditions". In this phase I helped the clients deal with real life situations which were imminent. After identifying an upcoming stressful event or an ongoing source of stress which needed to be

resolved, our first step was to plan a strategy on how to appraocah it. Next we used role play to simulate the actual situation. The third step was for the client to try out her skills in actually dealing with the problem, and finally, we would discuss her actions and reactions and possible changes in the future plan of attack.

The client would first identify her upcoming stressful event. We would then discuss a general coping strategy to meet the demands of the situation as perceived by the client. Such a discussion would include where and when she would confront the source of her stress. The next step would deal with the types of statements the client needed to make and how she could get that message across.

The method I used to help the client achieve more clarity in their message was to role play. Both the client and I would alternate as the provoker and as the "coper". After trying both roles and having practiced the technique, the client was ready to attempt her coping skill in an actual situation.

Following this trial run of newly learned skills we reviewed what had happened. Often the client related that the situation did not transpire exactly as we had planned. However, the practice sessions had given her confidence to cope with the unforeseen circumstances. We would discuss areas where she could make alterations for her next confrontation and again would role play the situation. In reviewing clients' attempts I tried to give them as much positive feedback as

possible.

The application phase usually involved two or three sessions where we did some "fine tuning" of their coping strategies. The last meeting was then used to close the relationship which had begun some three months ago.

The termination with the client involved reviewing the procedures they had been exposed to and my assessment of their progress. We discussed how their behaviour may have changed from the first time I saw them, citing specific situations they had handled well as examples. The clients slowly moved from depending on me to provide solutions to their stressful situations to creating their own methods of coping. None-the-less, the issue of dependency was discussed. I utilized the overall treatment approach to discuss how initially the thought of being involved was stressful and now their stress arose from fear of losing that relationship. The issue of dependency was strongest for the three mothers whom I saw as making more progress than the others.

V. CONCLUSION

In concluding I would like to address some general issues which transcend the other areas touched upon earlier. Beyond the specific interventions designed to deal with stress it was necessary to present

the material in a manner which was conducive to growth.

I attempted to provide the treatment in as positive a way as possible. Wherever I could I used positive examples with the client, looking at their behaviour and focusing on positive actions. I rationalized that they had had few rewards for their attempts in the past. In this regard I attempted to treat the client as I hoped they would treat their children.

Closely aligned with this positive approach is what Breton (1981) calls "nurturing the parent". She states that those working with abusive parents must "start reversing the pattern of unmet needs" (Breton 1981). I worked slowly, allowing the clients to move at their own speed in divulging what their needs were. For this reason the treatment approach was relatively flexible allowing the clients to return to various aspects. As noted earlier the clients seemed to have a need to deal at length with their own childhoods. As a result, we spent more time than I had planned on how past experiences contributed to current stresses.

Many parents had a desire to ventilate their feelings about their treatment by "the system". I was prepared to listen to their concerns and we slowly moved to how these concerns were reflected in their stress and subsequent reactions. The catharsis did not become a major issue but it did meet a client need which made working with them an easier task.

Using a positive approach and attempting to meet the clients' needs meant I had to be available between sessions. I instructed the parents that reaching out for help in times of need was a positive action. As a result, some of the parents used the telephone to get clarification and "pep talks". When they ran into a difficult situation and they would call seeking reassurance for an action taken or an alternative plan. The phone calls by the parents in times of crisis provided another opportunity for me to illustrate my treatment. I would model a calm approach while we discussed the crisis. This approach provided the clients with an opportunity to go slowly through the phases of their stress reaction. I focused on having the clients identify the actions leading up to the incident and their feelings along the way. In the later stages of treatment the clients usually discovered their own solution before the end of the conversation, for which they were given positive feedback.

I also attempted to provide the clients with a "lighter" outlook on their concerns. It occured to me that these parents did not find much humour in either their lives or their interaction with their children. As a result, I tried to inject humour into some of their examples by presenting absurd extensions of their reasoning. Of course this action was taken only after I had spent some time with the clients assessing their abilities to laugh at situations. As a group they seemed to enjoy the efforts and many commented they "looked forward" to our meetings.

By using a positive approach, with humour, in a calm fashion I was able to integrate some behavioural techniques with some basic information into the crisis of child abuse. The treatment relied on the presentation of material which triggered many unpleasant thoughts for the families. However it also provided them with ways in which they could cope with the stress related to child abuse.

In the following chapter I will discuss how I evaluated the treatment.

CHAPTER VII - EVALUATION

The purpose of this practicum was twofold. For the clients, my goal was to help them develop skills to reduce stress, thus decreasing their angry physical attacks on their children. For myself, I hoped to gather a range of knowledge in the area of child abuse and to develop and implement a treatment program for abusive parents. In looking at whether or not those goals have been attained, I will divide this chapter into two parts. I will deal first with the area of client evaluation and secondly, I will do a self evaluation.

I. Client Evaluation

In this section on client evaluation, I will discuss three different areas. Each participant in the practicum was given two sets of questionnaires to fill out, one before and one after the intervention. I will deal with these surveys first. I will then devote my attention to the diaries which I asked the clients to maintain on a regular basis. The final aspect which I will address is client feedback.

A. Questionnaires

The questionnaires were given to the clients at the beginning of the first session and at the end of the last session. They were given the option of doing them in the session or taking them home. In

retrospect, this choice was an error on my part as many of the forms were not returned; thus, a degree of experimental mortality was incurred. In addition to the problem of getting questionnaires returned, I realized other threats to internal validity. The timing of presenting the tests became an issue which detracts from my results. The first test was given at a relatively high stress time, that is, shortly after meeting with someone who is to provide treatment to the client because they have abused their child. In addition, they had to cope with the stress of meeting a new person in a new setting. These circumstances may have contributed to a higher first score. In contrast, the final test was given when the treatment was over, after the last session which was generally not a session which placed many demands upon the client. This "lower stress" time may have been reflected in the test scores, with the result that they may not represent the effectiveness of the treatment.

In addition, the pre-test post-test influence could be a threat to the internal validity of the measurement. The same test was administered at the beginning and at the end of treatment. The client may have remembered her past responses and responded accordingly on the second test. For example, the client may have wanted to show that she had profitted from the treatment. As a result it would be a simple process to alter her responses on the second test to reflect her positive movement. Similarly, a negative change could be demonstrated. When taking the test a second time she may have been sensitive to the issues I was testing for. This circumstance may have influenced the results of my study.

Another concern about the measurement is related to the format used. In completing the second set of tests, the clients expressed concerns which indicated they were more interested in pleasing me than they were about the scientific nature of the study. For example, one client wondered out loud whether her negative responses on the second set of tests would be interpreted as a "failure" on my part. Despite my denial of such a link, I think the test results indicate my clients' desire to perform for me.

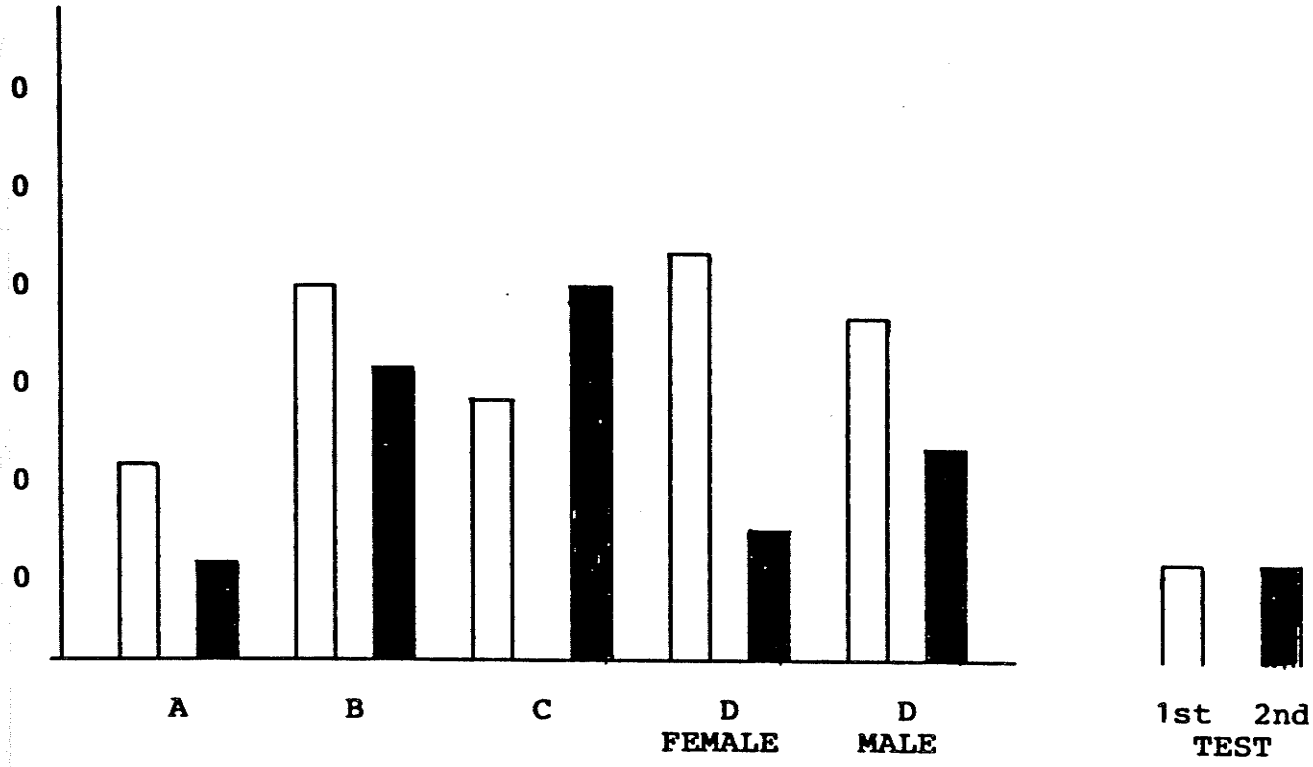
I dealt with this issue by discussing with this woman the concept of her assertiveness versus her desire to please others. The conversation appeared to refresh her memory of our earlier work and she did seem to appreciate the significance of the point. However, her comments did serve to caution me about the reliability of the test results.

The results were encouraging none-the-less. Only slightly more than half of the clients I saw completed both sets of tests. In all but two cases, the second tests were more positive than the first, indicating the clients felt more positive about their children and were less prone to attacks of anger than they were before treatment. (For test results please see Figure 1).

Some interesting results were discovered and I will discuss these in general terms.

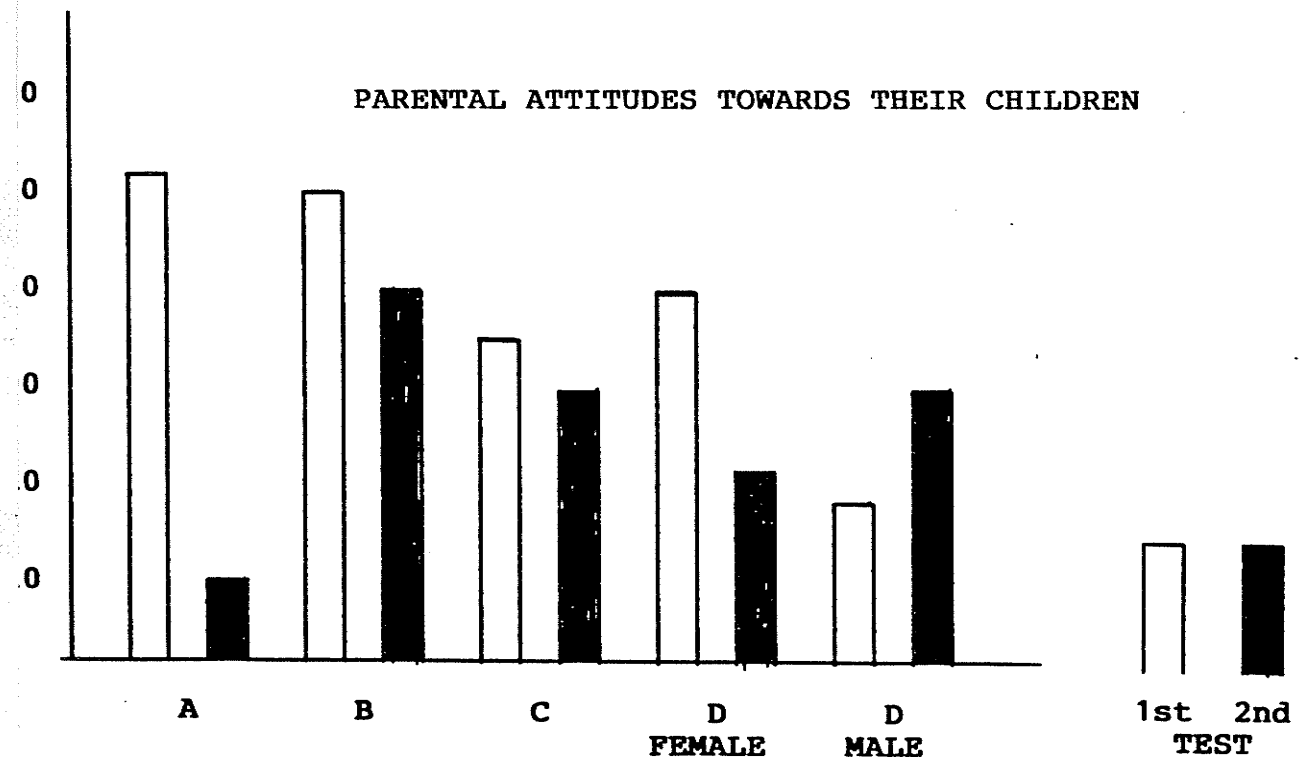
Figure 1

ANGER INVENTORY



FAMILIES

PARENTAL ATTITUDES TOWARDS THEIR CHILDREN



FAMILIES

The higher the response the more negative

In some of the families the first test produced an extreme score (Appendix A and D). These scores represent another threat to the validity of the test. For example, the parents in Appendix D scored very high on the Anger Inventory. Their anger may very well have been influenced by other factors, most notably their negative relationship with their child welfare worker. As a result, their initial scores on the Anger Inventory may not be a true measure of their feelings of anger directed towards their family. Therefore the validity of the result is suspect.

This extreme pre-test score also has implications for the overall results. The families that scored very high on the first test were the families that had the largest difference between their pre-test scores and their post-test scores. This large difference may not accurately reflect change brought about by the treatment. Rather, it could be attributed to other factors such as the development of a positive client-worker relationship in place of the negative one referred to above. This effect on the test results is known as the regressive artifact.

Despite the difficulties in administering the test and weaknesses of the design, the indications are that the clients experienced growth. The treatment process had a positive effect on their attitudes towards their children and their ability to control their anger. I assumed that the treatment also decreased the number of abusive acts directed at their children. I based this assumption on

two facts. First, while I was involved with these people, I did not receive reports from the referring agencies that the children were in danger. Second, the diaries kept by the clients themselves reflected a decrease in their use of physical force in dealing with their children. In the following section I will discuss the diaries kept by the parents.

B. Client Diaries

The diaries were used as a client record of the change in their behaviour and it gave me an ongoing assessment of their actions. However, there were limitations to using the diaries as an evaluative tool.

The greatest weakness in using the diaries as an evaluation device was due to the nature of the instructions I provided at the outset. I instructed the clients to keep a diary of their interactions with their children. As a result, this statement tended to be interpreted as, "document all of the problems you have with your children". In retrospect my instructions could have been more explicit.

In addition, the parents were very aware that their interactions were being observed; thus, it is questionable how reliable the reports are. Initially, the comments in the diaries reflected the negative aspects of their relationships with their children. As treatment progressed, the negative comments in the diaries decreased.

I suspect that part of this decline was due to a form of "self-fulfilling prophecy" where I rewarded the clients for their positive actions, therefore, they "learned" not to record all of the negative interactions with their children. The interactions between parents and children certainly did change throughout the treatment process, however it may not have been as great as the diaries indicated. The instructions I gave contributed to this situation.

A further criticism of the diaries was that a few clients had difficulty expressing themselves in a written form. They found it uncomfortable to attempt to put the parent-child interactions into words. When this problem became apparent, I asked them to keep point form notes on their week. The shortened version was helpful but often did not provide enough details for myself or the client to determine all of the issues involved.

Some clients (two) did not follow through with the diaries. Instead, they provided a form of "verbal diary" which of course was fraught with many omissions.

I did not keep any of the diaries and, as a result, I have only my casenotes and tapes to use to evaluate the diaries. As an evaluation tool the diaries were extremely suspect. They were neither reliable or valid. However, they were most useful in stimulating discussion and they provided the clients with their own feedback mechanisms through reviewing their earliest entries into the diary. As a result, I think using the diaries was beneficial in my work with

these clients.

C. Client Feedback

Throughout the treatment process I asked clients to give me feedback on the exercises and discussions I employed. The final session was spent reviewing the material we had covered and gathering from the client a verbal report on the overall process.

Generally, clients responded favourably to the treatment. The comments were made in regard to two areas, the process of treatment and the actual techniques used.

The clients reported that they felt "like someone was listening to them". Three families described this aspect as being significant in my work with them. The next most frequent positive comment was that the treatment was "down to earth" and "easily understood". Many of the families expressed appreciation at being involved in the treatment process in a fashion that allowed for their needs to be met. Clients also stated they liked my "easy-going" nature which they claimed made it easier to talk about some difficult issues. I was left with the impression they enjoyed their time spent with me. However, there was more to the treatment process than just "enjoying themselves". As a group they seemed to feel the "new" ways of talking to their children and handling their children's difficult behaviour were the most useful techniques they learned. They felt that they were able to enjoy their children now.

The assertiveness skills taught to many of the clients were appreciated because they helped them feel more confident in their relationships with adults. One woman commented she did not have to feel so "afraid all the time", so as a result, she was able to meet others in her community.

There was discomfort with the relaxation exercises. However some people claimed that they were "fun".

They felt that there should be more of these "type of sessions" for parents. The clients as a group felt many others could profit from such a program.

The work on stress was accepted positively by everyone in the program. They felt by breaking stressful or angry situations into smaller more manageable segments it was easier to cope. There was widespread relief as they began to realize that all parents (indeed all people) react to stress and get angry.

One woman said she liked "watching herself" on video tapes. However most people had no opinion or interest in the audio or visual tapes I made. One man was adamant that his family not be recorded at all.

Generally, the feedback I received from the clients was positive.

II. Self Evaluation

The purpose of this practicum had been to develop a range of knowledge in the area of causes of child abuse and to develop and apply a treatment approach with abusive families. In evaluating myself, I must address these two broad goals.

When I began the process of this practicum, I had a limited knowledge of the causes of child abuse. The sole cause in my mind could be located with Helfer and Kempe's work. However, as I noted in the introduction, this explanation did not always "fit". Through my reading I was able to "discover" a range of explanations which made my assessment of the causes of child abuse much broader. By looking at other theories, (Gil, 1970 and Gelles, 1973) I was able to create an explanation which was more complete. Parents do not abuse due to one reason, abuse is caused by an interaction of many factors. I feel the work I have done has given me a better understanding of what child abuse is.

In treating abusive parents it was necessary to be creative, as there were few documented treatment approaches. The format I chose was adapted from Barth et al (1983). However, in altering the program to fit the needs of my clients and my own needs, I found it interesting and challenging. I believe that I learned a great deal by developing the treatment plan and then implementing it. Sitting down

and evaluating the clients' needs and then making more alterations to my program on a regular basis provided me with an invaluable learning experience. At the point of completion it is easy to see that because I was forced to be creative, I learned more than I would have had I had an established program to follow.

Closely aligned with the development and application of my treatment plan was the enhancement of my clinical skills. By using audio and video tapes, I was able to see areas where I needed more practice. The efforts of members of my committee greatly helped me see issues more clearly. The experience provided by this practicum and the expertise of my advisors gave me an opportunity to increase my proficiency in my clinical skills.

Despite the enhancement in my clinical skills, I thought that the type of clients who participated in the practicum detracted from the overall results. The clientele largely were agreeable and willing to participate in the program. I had no opportunity to deal with the hostile parents often associated with child abuse. At the point of my intervention the parents had, to a large extent, resolved their anger.

A further shortcoming of the client selection was that by and large, the parents were not involved in extremely violent acts towards their children. Within the spectrum of child abuse, these parents were responsible for relatively minor incidents.

Solely for the sake of this practicum, a broader range of abusive acts would have provided greater opportunities for learning.

Despite these weaknesses, I feel that I have met the objectives I set out for this practicum. The skills I learned will benefit me in my work with parents. The most significant gain was made in the area of developing my treatment plan. It forced me to logically and rationally plan my intervention and has made this practicum a valuable experience for me.

CHAPTER VIII - RECOMMENDATIONS AND CONCLUSION

This practicum report has moved from a discussion of child abuse literature through developing a strategy for treating abusive families, implementing and evaluating that strategy. This final chapter will deal with recommendations for people working with abusive families and some concluding remarks.

From my experience with this practicum, I feel compelled to make suggestions to those who will work with abusive parents. I make these statements not as authoritative guidelines, but rather as observations that may assist those who seek to help abusive families. These recommendations will be brief and will be put forward in a point form fashion.

1. **Parents who abuse children can be helped.**

   Despite the "gloom and doom" predictions found in the literature, parents who abuse children can, and very much want to be helped. Therefore, the therapist can be optimistic and maintain hope. My experience in this practicum indicates that the parents respond to an optimistic outlook. Certainly, they illustrated they wanted to be helped and that indeed they could be assisted. Therefore, because parents can be treated, I think the axiom that an abused child will become an abused parent need not be accepted without question.

My assumption that abusive parents can be helped pertains to the variety of parents I have had experience with. It therefore may not apply to those parents suffering acute forms of mental illness- a group with which I have had little experience.

2. **Helping professionals working with abusive families should not focus on the abusive incident or the child's injuries.**

Social workers dealing in the area of abuse are human and, as a result, the injuries suffered by a child may have a strong impact on them. This emotional reaction coupled with the current "fascination" of the media with the plight of abused children makes an objective assessment of the situation difficult. The resultant tendency may be to focus on the injury. Emphasizing the act or the injury I believe reflects our reliance on the medical model's view of the problem. It mirrors the earliest writings in the field of abuse. However, the social worker must balance his feelings for the child and his susceptibility to social pressures with his assessment tools. The injuries the child had received are only a symptom of a larger problem in the family system.

3. **Child Abuse is a family problem and treatment should reflect this statement.**

Child abuse takes place within the family and therefore, the

focus should be on the interaction between family members. It falls within the continuum of family problems. Social workers must not lose sight of the implications abuse has upon the entire family system. That is not to say that children should be unnecessarily exposed to dangerous situations, but rather that all family members must be considered in the assessment and treatment. Efforts should be directed at evaluating the dynamics that operate between family members. By enhancing communication for example, the potential for violence between parent and child is decreased.

4. **Parents who abuse need new skills.**

It is not sufficient to focus on eliminating abusive actions. Parents need and desperately want to have alternative behaviours, for example in the area of teaching and disciplining their children. The parents are acutely aware that their current violent actions towards their children are wrong. The teaching of new skills must be clear and readily understood. The parents I dealt with wanted to learn specific skills to help them through the next day.

At some point in the treatment, skills must be taught to help the parent cope with their angry reactions when under stress. The emphasis is not to have the parent deny or repress their anger, but rather at recognizing it and channelling it to a constructive purpose. In the practicum, I found that parents were most

receptive first of all, to recognizing their anger and secondly, to trying specific techniques to redirect those feelings.

5. Parents who abuse need to be heard.

The treatment must be flexible enough to allow the clients sufficient room to discuss their concerns. The parents I met seemed to need more than "good" social work process of being heard. Therefore, the therapist must be prepared to listen at length in an empathic manner which nurtures trust and acceptance within the client. This process takes more time and patience than afforded in the "normal" social work process. The families I worked with often returned to discussing their own upbringing indicating a need to talk about these issues. Although the emphasis of treatment was on their current family, it did not appear to be inappropriate to talk about their family of origin on many occasions. Certainly, the responses from the parents indicated they appreciated talking about their upbringing and were relieved to be "heard", sometimes for the first time.

6. The evaluation of the treatment must be strengthened.

Future work done using this treatment strategy must be more stringently assessed. I feel my approach has been helpful to families and the indications are that the treatment was useful. I base this assumption on the results of my evaluations and the verbal reports I received from parents and referring social

workers. However, the treatment must be more rigourously evaluated to determine which aspects of the program are most beneficial. It would also be helpful to attempt the treatment with a larger group of families, thus encompassing a greater variety in the types of abusers treated. The program as I administered it was, I believe, useful. However, due to the type and the number of clients I saw, it has limited generalization to other situations. Improving the evaluation would address this concern.

CONCLUSION

In conclusion, the practicum was a way of answering some of the questions I had been confronted with working in child welfare.

The literature review provided me with a broader assessment of the abusive family. The phenomenological model focused on the Kempe et al (1962) theory which believes that abuse takes place because of an inadequacy within the parent. The primary aspect which was found lacking in abusive parents was their lack of "mothering". In my opinion, this point of view did not explain all of the abusive acts I had encountered. Gil's (1970) environmental or social model was considered as an additional explanation. He cites broader social factors which contribute to abusive situations. By combining Gil and Kempe's work I was able to put together an explanation which seemed to cover many of the abusive situations I had been exposed to. However, I had been in contact with many families whose situations clearly fell

within the description provided by combining the above noted authors, but who never abused their children.

The life change model as put forward by the Justices (1976) appeared to account for those families who did not have the prescribed characteristics but did abuse. According to the Justices, abuse took place (in part) because of the individual's reaction to life changes. Those who did not handle life changes well, or those who had too many life changes over a short period of time, were most prone to abuse. They capitalize on the work on stress done by Selye.

To a large extent, I utilized material from all three schools of thought (phenomenological, social and life change). However, the material on stress appeared to be a significant factor in abusive situations.

The literature did not readily identify a treatment perspective for child abuse. There was, however, material available to deal with inappropriate reactions to stress. As a result, I devoted my attention to stress and how that stress becomes anger. In learning more about stress, I utilized the materials of Lazarus (1966) and Selye (1974). They illustrated how the individuals respond to demands made upon them and that constant demands can have dire consequences for the individual. Averill (1982) and Bandura (1973) were used to show how the stress felt by an individual could be changed to anger and aggression.

Although none of the literature on stress dealt specifically with abusive parents, it was easy to envision how stress played a part in child abuse. From my experience, I had observed a number of parents who were unable to talk to their children effectively. The lack of communication or inappropriate communication greatly contributed to the parents' stress level and often was a direct precursor to the abusive act.

Child abuse appeared to occur when stress became unbearable in the home. Poor communication skills appeared to exacerbate the situation. The individual's ability to meet stress without losing her temper was dependent on her communication abilities.

The families who possessed the characteristics of abusive parents but did not abuse may have had greater coping skills, possibly they were not as susceptible to stress. By adding the variable of stress I could see how the various theories on abusive parents seemed more suitable. I rationalized that, if a treatment could either reduce stress or provide the parent with a way of coping with that stress, child abuse incidents would decrease. The origin of the stress was not as important as finding a manner in which the individual could build buffers to deflect or avoid that pressure. For the abusive parent, that meant discovering new methods for dealing with their problems.

Although expressing interest in the program, three families participated in only one interview each. The reasons for this

circumstance varied. The parent in Appendix I was sinking into a deep depression and did not have the energy or motivation to participate in my program. The family described in Appendix J presented many problems. However they never followed through and I suspect that they were pressured into the referral and were not committed to treatment. I have no idea why the third non-participating family (Appendix H) did not return. All three families were referred back to their child welfare worker without being exposed to treatment.

The treatment strategy involved using principles found in Miechenbaum (1977) and Novacco (1975). Essentially, a behavioural approach was taken to teach coping skills. The steps of education, rehearsal, and application were utilized to illustrate how parents would cope with stress and anger. In addition, I also used Satir (1972) to assist families with their communication. Improvement of communication between family members was seen as a method of reducing the build up of stress. Similarly, I taught some child development information and child management techniques as some families indicated that these issues were major stresses for them. As a general stress reliever, I instructed families in Progressive Relaxation (Bernstein and Borkovec 1973) techniques.

The program was run on a family basis with referrals from child welfare and the Child Protection Centre at Children's Hospital. Results were evaluated on two pen-and-pencil tests given in a Pre-test Post-test format. Although the results were small in number, the indications were that the treatment was useful. The test results

concurred with feedback given by clients and referring workers.

Through this practicum, I was able to learn a great deal about the causes of child abuse. From the preparation of my treatment plan, I was forced to develop an approach with abusive families. The application of that treatment strategy helped families better cope with their problems and taught me how to use my skills. The practicum answered some of the questions I had encountered in my child welfare experience and left me better equipped to find answers to future questions.

APPENDICES

APPENDIX A

Family Members		
	Mother	28
	Step-father	26
	Daughter	8
	Daughter	7
	Son	2

Referral Source: Child Welfare Agency

History of Family:

Mother is the third of four children. She was in a military home characterized by constant moves. Her father was a very strict disciplinarian. As a child she was physically abused by her father and sexually abused by an older brother and sister. She responded to both forms of abuse by withdrawing into her room and, when this was not possible, she withdrew into herself. She became pregnant at nineteen and subsequently married. The marriage produced a second girl the next year. She was separated two years later. Her family had used her as a scapegoat throughout her childhood. This pattern continues today. She has a relationship with her parents and older sister which is a constant source of frustration and anger. Both parties periodically "dump" a variety of past and present problems on this mother and she quietly accepts all of their criticisms, internalizing her anger and frustration.

This woman remarried four years ago and the current relationship has produced her two year old son. Her husband is non-supportive of her. He works through the day and is often away in the evenings pursuing personal recreational interests.

Circumstances of the Abusive Incident

Mother became frustrated with her second daughter's tardiness in coming home from school. The child, according to mother, lies and steals. The actual reported incident involved the child being hit across the backs of her hands with a stick, resulting in bruising and swelling. The injuries were seen at school and Child Welfare was notified.

Treatment Plan

Stress for this family originated from mother's past abusive history, the relationship between mother and children and between mother and father. Treatment involved devising a way for mother to accept her past history and develop an assertive approach with her parents and her sister. Treatment also included assertiveness training to improve her communication with her husband and children and methods of discipline were discussed with her.

The goal of treatment was to increase mother's ability to stand up for herself, in a manner which did not involve loss of control and thus reduce the stresses that she felt.

Progress

The most difficult aspect to deal with was her relationship with her parents and her sister. She often returned to problems, both real

and imagined, which involved her family of origin. She learned quickly how to change her disciplinary tactics to improve her relationship with her children and, although there were set backs, they did not have the impact that contact with her parents or sister had. The sessions before Christmas were spent role playing optional responses to statements she felt her parents or sister would confront her with. The sessions seemed to decrease her anxiety at facing difficult situations and she made progress in handling encounters more assertively. For example, she was able to give back pamphlets she had reluctantly accepted from a door to door religious person and further, told them not to come back. She had some success in dealing with her parents and sister but required much reassurance to continue to deal with them assertively.

APPENDIX B

Family Members:	Mother	25	
	Father	29	- Separated
	Son	4	
	Daughter	3	
	Son	8	(with relatives in another
	Daughter	7	province since birth)

Referral Source: Child Development Clinic
Children's Hospital

History of Family:

Mother is the third of four children raised by an abusive, alcoholic mother. Her childhood home was characterized by chaos - her mother, a single parent, was often not home. As a young child she was expected to care for two older brothers. She received physical abuse arbitrarily - often the abuse was cruel and sadistic in nature. As a teenager she became involved in prostitution with an older brother reaping the financial benefits. She became pregnant and gave the child to a relative because she was not prepared to be a parent. According to mother her second child was given up for similar reasons.

She then met and married her husband, a man whom she describes as initially being "strong, but once married he became increasingly dependent upon her and controlling of her". The relationship was terminated at her request because he was "smothering" her

Circumstances of Abuse

Mother describes "losing control" with her four year old son and spanking him in a rage. She speaks of situations where the child engages in behaviour "he knows" is wrong and she feels she just can not "stop" hitting him. Despite her claims of uncontrolled hostility directed at the child, he has not been seen with physical evidence of abuse and he performs adequately on developmental tests and relates fairly well with mother. However, mother's anger and frustration are very apparent and real.

Treatment Plan

The relationship between mother and child was a prime source of stress. However, incidents between mother and child increased as the separated father increased his pressure on the mother to reconcile. Treatment consisted of providing mother with new methods of handling her child's behaviour. The child demanded more attention as mother became preoccupied in disputes with her husband or family of origin. Mother responded to the child's demands by withdrawing attention from the child, resulting in the child further acting out. When the child became a major problem mother would lash out physically.

The second emphasis of treatment was to provide mother with the means to cope with the transition from married woman to single parent status. The transition was further complicated by a family history of abuse, with "old" family issues arising as a result of calls from family members.

Progress

Mother made excellent gains in her work with her children. She enjoyed them and was enthusiastic and responsive to suggestions made on ways to spend time with the children. Initially there was a significant improvement in her relationship with the children. However, as she became more comfortable with the children, her husband became more demanding of her time, to the point where he attempted suicide. His behaviour severely shook mother's slow improvements in self-esteem and she again began questioning whether she had the "right" to stay away from him. Under the pressure of her husband's actions her behaviour with the children became more punitive and she began doubting her ability to parent. At a point where mother was seriously debating "giving" her children up she was offered employment. The opportunity to work and the increase in income had beneficial effects on her self-esteem. She was able to overcome her temporary setback with her children and felt more in "control" with them. She has reached an understanding with herself about her husband, however her reaction to stress remains suspect.

APPENDIX C

Family Members:	Mother	32
	Father	33
	Daughter	3

Referral Source: Self referred to the Child Protection Centre

History of Family:

Mother is the second of two children. She described her relationship with her parents as being supportive and reported no physical or sexual abuse as a child. However, she had many negative memories of her relationship with her older sister. She described her sister as being "bigger, brighter and a bully". Currently, she and her sister speak to each other but the relationship is a stormy one where they often get into arguments resulting in them not speaking to each other for as long as weeks.

The mother describes herself as "independent" and "stubborn". She chuckled as she described how at age eighteen she left home and got married one year later, after knowing her husband only three months. The marriage lasted only six months at which point the parties separated amicably.

She re-married at age twenty-five and feels this relationship is strong and meets her needs. Her life was progressing smoothly until she found out she was pregnant. She did not want the child and admits this fact. However, she claims that she overcame this feeling and, as

an expectant mother, she quit smoking, did not drink alcohol and at her doctor's suggestion began an exercise program. In her words, she wanted "to be the picture perfect mother".

Generally she is an anxious person, bright and eager to please. She possesses a great deal of energy and requires a high level of activity to utilize this energy. She worries about small details and wants all the details to "fit in place". What others think of her is very important.

Her husband, on the other hand, is relaxed and seemingly without a care in the world. He possesses a "laissez faire" attitude about life, including child care. Unlike his wife, who is demanding of their daughter, he is able to deal with her in a relaxed, quiet manner.

Circumstances of the Abuse

The mother loses control of her temper while dealing with the child, especially in the mornings when mother must get the child ready for daycare, then drop her off on the way to work. Mother describes how she will spank the child very hard or shove the child in a rough manner. Her concern was that this behaviour was dangerous for the child and that she was capable of even further violence. The behaviour usually followed a cyclical pattern. The mother, in an attempt to be a "good mother", would give the child several choices as to what to wear, what to eat for breakfast, what doll the child would

take to daycare. The child would take a long time to decide and her difficulty in making up her mind ate up the valuable minutes of the morning schedule. As a result, mother became increasingly anxious about being late for work and began to lose her patience with the child. The situation deteriorated with the child being screamed at and often being physically reprimanded. The mother then rode to work feeling guilty and promising to do a better job tomorrow.

Treatment Plan

The source of stress for this family appeared to lie with the mother. Her anxiety caused her relationship with her daughter to be a constant source of friction. The mother also had some deficits in her knowledge of children.

The focus of treatment was to have mother become more relaxed. In order to accomplish this task I attempted to have her become more confident and comfortable in dealing with the child. The relationship with her husband needed to return to its previous relaxed state, as it was before the birth of their child. The couple had stopped going out for dinner and their sex life had changed, all changes which mother felt had occured since the birth of their child.

Progress

The mother was very enthusiastic in treatment. She quickly moved from tears and remorse about her treatment of her daughter to wanting

to try new things. She was positive about suggestions made and followed through. However, small setbacks were not taken easily and at times she became quite discouraged.

Her husband did not see the problem and as a result was not as interested in finding solutions. The focus of treatment was on mother who more often than not came to the sessions alone. She moved to the point where she could see the need for her and her husband to get out more so she set up "dates" for them, complete with a babysitter whom they could use on a regular basis. She and the child worked out a system for deciding what the child would wear the next day before the child went to bed. The mother also learned to recognize physical signs indicating when she was becoming upset and to practice relaxation techniques to counteract this feeling.

APPENDIX D

Family Members:	Mother	31
	Step-Father	30
	Daughter	13
	Daughter	9
	Daughter	8

Referral Source: Child Welfare Agency

History of Family:

The mother in this family was in and out of child welfare agencies as a child. Her parents were separated and she was raised by an aggressive father who physically abused her. While in foster homes she recalls being defiant and a "runner". Ultimately, she left and went out on her own, becoming pregnant at seventeen.

The step-father has been involved with this family for four years and has been living with them for three years. He was raised as one of six children by a single mother. His childhood was "OK" where he was allowed to do "pretty much whatever he wanted" although he does recall being physically disciplined. None of the children are his.

The youngest two children have the same father, mother's previous husband. Although the eldest daughter refers to this man as father, he is not and she is aware of this fact. The children all do well academically and are very involved in recreational activities in the community.

The entire family participates in various athletic endeavors. They are a very busy family with practices and games usually taking a portion of their time at least five days a week. Scheduling family time is further complicated as both parents are employed at jobs requiring shift work.

Previous fathers play no part in the lives of the children. Mother is quite adamant about this rule as she feels her last husband in particular will not provide adequate direction for the children. He is characterized as being "lazy and unmotivated".

Circumstances of the Abuse

All three children were given a spanking with a belt after money was found missing and no one would admit to having taken it. The parents were in agreement that a belt should be used to "teach the children a lesson". Father did the actual hitting, although mother admitted to doing so in the past.

The eldest daughter waited until later that evening when her parents went out and phoned the child welfare authorities. All three children were apprehended. The youngest two were returned home within the week but the eldest refused to return home and remained in care for three months.

Treatment Plan

The family was referred after the eldest daughter had been in a

foster home for two months. The parents were very angry with the agency because there had been a lack of progress in resolving issues between the parents and the child. Essentially this lack of progress was a result of a lack of meetings between parents and child. Therefore, the first task in treatment was to deal with the parents anger, then to begin family meetings.

In the assessment phase it became apparent that the eldest daughter was following a path similar to that which the mother took years before. The mother had left home to find her own mother and took every opportunity to put distance between her and her father, hoping to find a mother who met all of her needs. The daughter now was making efforts to see her father. Her mother, as had been done in her adolescence, was discouraging this effort, relying on negative stories about the father to disuade the daughter.

The mother also seemed intent on keeping her daughter as a child. She refused to recognize that this thirteen year old was moving towards adulthood and independence. She feared that her daughter would leave and not want to return and dealt with this feeling by setting up more blocks for the child, making it more difficult for the child to separate.

Stress was also compounded in this family because there was little sharing of feelings. Anger was the most predominant feeling expressed and it was shown only when the individual was at the point of exploding. A large part of the poor communication resulted from

the lack of contact family members had with each other due to the incredible amount of time that was spent on recreational activities. In order to deal with this issue family meetings were set up. Initially the meetings were centered around my intervention. However, with specific guidelines, the family was able to begin their own family meetings. The relationship between mother and eldest daughter, which had drifted apart, was strengthened by having the two talk in family meetings with me present, progressing to where the two spent time alone focusing on a specific task (eg. shopping).

Progress

The family, although intially angry and suspicious about working with me, did show a willingness to participate. All family members reacted positively to re-introducing the eldest daughter back into the family.

They were a fairly non-verbal family and relied on actions to convey feelings, often not feeling that there was a need to talk about issues. They were however compliant enough to attempt most suggestions.

The most positive aspect of this family was to see the progress between mother and daughter. They moved quickly towards trying to repair their relationship and there seemed to be a genuine caring expressed on both parts.

The step-father played a key role in the family's treatment. He was confident enough in his role that he was not threatened by attempts to strengthen the mother-daughter bond.

APPENDIX E

Family Members: Mother 22
Son 2
Daughter 6 months

Referral Source: Self referral to the Child Protection Centre

History of Family:

Mother is going through a difficult separation from her husband, whom she left because he was abusive towards her. Her past includes physical and sexual abuse. She was made a permanent ward of the Children's Aid Society following the death of her mother. The relationship between her and her mother was a strong one and after her mother's death six years ago she recalls feeling "lost". Although she had been physically abused by her father she still sees him. The relationship is a very tentative one where there is little support. She was sexually abused by a "boyfriend" of her mother, who promptly disposed of the boyfriend when the sexual abuse was discovered. This young woman certainly sees her mother in a positive fashion, despite the fact that it was a friend of mother's who sexually abused her. It may be significant that the abuse had to be "discovered", that the daughter was not as comfortable in talking to the mother as she now feels she was.

This woman's relationship with her husband, whom she had known for many years prior to her marriage, was (and is) characterized by his making numerous demands upon her. She tried vainly to meet his

expectations, rebelling only when she was completely overwhelmed. The relationship was further complicated as her husband's family were friends of her mother and she had lived with this family periodically after her mother's death. The separation had also resulted in her "losing a second family", leaving her with no other supports or friends.

At the time of the referral she was alone in an apartment with an eighteen month old son, eight months pregnant and fighting to gain her share of the family's assets.

Circumstances of the Abusive Incident

Mother had called the hospital after she had given her son repeated spankings throughout the previous week. When she called she was extremely distraught and overwhelmed, her fear being that she would have to give up her son or else he would be taken away from her. In this regard, her former husband was making allegations that she was an "unfit mother". Part of his accusations centered around his wife's pregnancy which he denied being responsible for.

The mother felt totally trapped. Efforts she made to get help on her own seemed only to make things worse for her. The welfare department made assistance conditional on her obtaining a lawyer to get support from her husband. The lawyer made demands on her for appointments which she found hard to keep as she was without baby-sitting. She thought of approaching the child welfare agency but was

fearful they would take her son away. Her father was unsympathetic and thought she should just go back to her husband.

She knew she could provide better care for her son than she was currently doing. However his constant energy and demands were pushing her beyond her limits. Initially slapping him had been effective but she was finding that she had to hit more often and harder now.

Treatment Plan

Stress for this mother seemed to originate from a variety of environmental factors. It appeared that if more support could be provided that many of her stresses would be diminished.

She also needed new methods for disciplining her son. In her behaviour with her son, and subsequently with her newborn daughter, it was evident that she had a serious lack of appropriate child care knowledge.

Finally, this family was in need of a support network that would carry beyond the immediate crisis. The network would help mother cope with the ongoing stresses of being a single parent on a fixed income.

Progress

This mother was initially in a crisis state and was most willing to work. Quickly, with some phone calls to her welfare worker and lawyer, some of the red-tape was sorted out, allowing her some peace

of mind and reducing some of her stress.

Subsequently other resources were moved to assist her. A homemaker was arranged to help with her son and then her daughter; a public health nurse was used to provide information about the birth of her child and post-natal information (she had not attended pre-natal classes with either pregnancy); and a daycare resource was identified to provide relief with her son. The result of these resources being utilized was that mother felt more in control of her life. The resources provided much needed relief and information for her.

After the birth of her daughter efforts were made to provide new ways of dealing with her son. Once the overwhelming pressure was removed she reported fewer times when she hit her son. However, she still continued to use verbal threats and yelled at him a great deal. She required much encouragement to continue with new methods of talking to her son. Frequently she would state "they don't work" or "he needs to be afraid of me". Despite these setbacks she did appear more relaxed with him and did speak of some of his positive aspects.

APPENDIX F

Family Members:	Mother	23
	Father	22
	Daughter	6 months

Referral Source: Child Welfare Agency

History of Family:

The mother is the second of three children. Her childhood, although not characterized by physical or sexual abuse, did involve a degree of inappropriate parenting. Her mother had, and still has, an undetermined form of psychiatric illness which at times renders her unable to function as a parent. As a result, the family's only daughter has taken over mother's responsibilities in the home and largely takes care of her mother. Despite her heavy involvement with her mother she appeared not to know any diagnosis of her mother's difficulties. According to this young mother, the family and herself in particular have been dedicated to "not upsetting" her mother. Despite having moved out of the family home more than a year ago she is continually in contact with her family.

The father in this young family describes his home life as being without abuse although he did recall getting physically reprimanded for breaches of family rules. He recalls being on his own a great deal, and that he constantly strove for independence. As a young adolescent he found employment at "all kinds of things" to earn money for a horse. Time spent riding and working to pay for the horse and

then its upkeep kept him away from home. He could remember positive times at home but generally he was vague about his upbringing, preferring to tell stories about his independence. His father was in the Armed Forces so the family moved a great deal when he was young and he could recall no special childhood friends. For no apparent reason he left home at eighteen and has not been back although he's had telephone contact infrequently with his parents. After leaving home he drifted from place to place, at one point "settling down" and getting married - a relationship which ended within three months.

He met the mother of his child two years ago. They planned to marry, but she became pregnant and they just had not gotten the arrangements completed.

The family operated from crisis to crisis, many of them financial brought on by the father's irresponsibility with money. The wife always provided a solution to the problem and continued to look after her husband, trying to move him towards a more "responsible" life. She was employed at a steady job while he held a variety of jobs and often was without work.

His solution to any crisis was to run away. He often left for a couple of days, driving as far as British Columbia before phoning home and then returning. Needless to say, these impromptu trips further increased their financial problems. Upon his return home he would profess to want to change, and promise that it would not happen again.

Circumstances of the Abusive Incident

The mother brought the child to the hospital with bruises on her bottom and the backs of her legs. Mother worked evening shifts and father was to come home from work and relieve the babysitter. The timing of the injuries indicated that the father was responsible for the bruises.

Subsequently it was learned that the father, while attempting to feed his daughter, had become frustrated and placed her roughly on a kitchen dish rack. He admitted somewhat hesitantly to placing the child down roughly, however he denied being angry or frustrated. Rather, he felt his problem was that he did not know his own strength, a story which his wife initially supported.

However, soon after the child was admitted to hospital the mother's family became invovled and their distrust of their son-in-law to-be was apparent. The mother of the child then asked the father to leave until he received treatment.

Treatment Plan

During the assessment period, where the child was still in the hospital, it was difficult to understand why this couple remained together. Mother expressed grave doubts as to whether her husband would ever "settle down, keep a job and be a parent". The news that he had injured their daughter appeared to be the last straw. Father seemed somewhat unperturbed by the incident and the surrounding furor.

The treatment plan involved working with the couple to determine their commitment to each other and to discover the stresses which pushed them apart.

A second part of treatment was to have father begin to express some of his feelings. Despite his protestations to the contrary it was evident that many emotions were affecting this father.

Thirdly, he was totally unaware of the child's needs at this age and had no idea of appropriate child care. Both the second and third parts of treatment were to be handled in individual sessions with father. In order to teach him how stress affected him it was first important to have him get "in touch" with his feelings. As he was unaccustomed to talking about his feelings, I suggested he write a song describing them. This suggestion was made because of his interest and ability in the area. The final treatment objective was to be accomplished through the use of educational material and handouts.

Progress

Progress was slow with this family. Initially it was difficult to have the wife participate in a meaningful manner. She had a tendancy to be "busy" and as a result only her husband was seen, making it difficult to treat the family. She also saw the abuse as her husband's problem not hers or the family's.

The family continued to have a large number of crises. Despite planning new ways of dealing with the issue, the family managed in their prior manner. That is, the mother got angry, the father left, he called and begged forgiveness, promised anything, and the mother, despite her resolve not to, gave in and they remained together until the next problem arose. As a result sessions were missed and the next session was spent, at least partially, sorting out the problem and planning how further problems would be dealt with.

The most successful area involved father identifying his feelings. A rapport was developed between this man and myself. Although it took longer than it had with other parents the relationship seemed positive for this man. He was beginning to discuss both positive and negative emotions.

The final goal of treatment was only briefly touched on as, during a crisis, the father left town. Although he called me occasionally, he did not show up for several appointments. He finally came in to discuss a separation which he and his wife had agreed to and dropped out of treatment.

APPENDIX G

Family Members: Mother 25

Son 7

Referral Source: Self referral to the Child Protection Centre

History of Family:

This single mother is the fourth of six children. She reports that throughout her childhood she was physically abused by her father. The abuse took place as a result of her father's struggle to gain control over an alcohol problem and due to her own high activity level. She describes herself "as full of energy" and "always getting into things". She felt that some of the abuse was justified but certainly not all of it. Her adolescence was particularly bad as her father sought to control her and, in order to avoid him, she stayed out a lot of the time, involving herself in sporting activities.

She got married at seventeen and her son was born soon after. Her marriage ended after only two years when she left because her husband was physically abusive of her. At the point where she referred herself for help, she had just ended a long time relationship with a male friend.

Currently, she had quit her job to return to school to finish high school. She was finding change from working to being a student a difficult one.

Circumstances of the Abusive Incident

She had hit her seven year old son in a fit of rage. In discussing why she had come for help, she expressed a feeling of losing control of her emotions and fearing that she might damage her relationship with her son. The thought of physically hurting her son was also a concern, but it was secondary to the emotional pain she felt she was causing. She came to the conclusion that she needed help after discussing a child abuse program with a friend.

She felt she was most prone to losing her temper in the morning and had hit her son while he was getting ready for school. The morning was a particularly difficult time because she rarely slept well. Problems with sleep seemed to be worse since she had left her job, although she denied any financial worries associated with going to the life of the student.

Treatment Plan

The focus of treatment was to help this woman identify where the stresses came from and then provide a way to cope with them. Discovering where the stresses originated became a difficult challenge

as she had repressed her feelings for so long, first with her father, then her husband, that finding out what she really felt was a frightening and a unique experience for her.

A second focus of treatment was to give her some relaxation techniques which would allow her to remove herself from the pressures in her life. She had involved herself in a great number of activities, both social and recreational. These activities were positive for her because they kept her "occupied". However, the number of areas she was involved in became a source of stress for her. The actions she took to relax, in fact, caused her more stress.

Progress

The goal of identifying stresses became an issue for this woman. She had a great deal of difficulty in talking about herself and quickly became uncomfortable when discussion moved to her. She talked most openly when the focus was on her son. It was obvious she had a good relationship with him despite her most recent problems. When we focused on her current behaviour with her son, she was, after the first two sessions, able to place her actions in the perspective of her overall behaviour with her son. Initially, she had used this one morning and her inappropriate response as the yardstick by which to measure her overall parenting. After she saw her parenting skills for what they were, which were generally good, she felt more comfortable. However, as she became more comfortable with her behaviours, she also became less willing to share her feelings.

Many of the following sessions were spent helping her to learn relaxation techniques, to provide her with a non-threatening way to cope with stress. From a practical point of view, relaxation techniques could give her a systematic way to "slow down", enabling her to get a better night's sleep, allowing her more energy to cope with the next day's demands.

She appeared to enjoy learning the skills and tried them at home. The sessions took on a more relaxed form and she seemed to enjoy herself more. However, after a few sessions focusing on relaxation, she opted not to attend any further, claiming she felt "better" and things were going "fine" with her son.

APPENDIX H

Family Members: Mother 39

Daughter 16

Referral Source: Child Welfare Agency

History of Family

The mother had had severe alcohol problems during which time she had been physically abusive of her daughter. They have been a single parent family since the daughter disclosed that her father had been sexually abusing her. The mother immediately took measures to have father removed from the home. Since her separation three years ago, mother had decreased her use of alcohol. However, the relationship between her and her daughter continues to be a stormy one with physical violence evident.

Circumstances of the Abusive Incident

No specific incident was reported at the time of the referral. However, the physical abuse seemed to occur when the mother attempted to institute measures designed to curtail her daughter's freedom.

Treatment Plan

A source of stress in this family was the relationship between parent and child. Therefore, the treatment plan was to focus on this area. The mother appeared to be in need of knowledge about adolescents. Both parties required work on their communication skills.

Progress

Nil. Mother called many times but was unwilling to make a commitment beyond phone calls. The family was referred back to the Child Welfare Agency.

APPENDIX I

Family Members:	Mother	38
	Daughter	16
	Daughter	15
	Son	13
	Daughter	10
	Son	9

Referral Source: Child Welfare Agency

History of Family

This mother had been involved in a marital relationship in which she had been the recipient of marital violence. Her marriage continued for ten years during which time she was abusive of her children, in particular, the older three children. The abuse involved excessive discipline with a variety of instruments. At times she was very brutal, kicking, punching or pulling the hair of her children.

When her marriage ended she became a better parent, especially with the younger children. The elder children had suffered a great deal from mother's past behaviour and were angry and resentful of her. As a result, parent-child conflicts continued with the children coming in and out of foster care.

The referral was made in an attempt to reduce some of the stresses that affected mother's behaviour and to attempt to deal with the parent-child interaction which was a source of stress.

Circumstances of the Abusive Incident

There were a number of incidents where the parent and child became involved in an issue. Each side was unwilling to back down, resulting in the mother becoming frustrated and enraged. She acted out this anger by attacking her children while at times her children reciprocated with their own physical violence.

Treatment Plan

The first object of treatment was to work out a compromise position where the parent and the child could exist without resorting to physical violence. At that point, it would be possible to address the sources of stress.

Progress

Nil. The mother attended an initial assessment interview, however, did not make any further meetings. She took this action despite making many phone calls requesting help and setting further appointment times. The family was referred back to the child welfare worker, who felt mother was not able to function due to a state of

depression.

APPENDIX J

Family Members:	Mother	27
	Father	27
	Daughter	9
	Daughter	8

Referral Source: Child Welfare Agency

History of Family

The mother in this family was from a large Filipino family. Although she has been in Canada for over ten years, she is still closer to the customs of her country than she is to Canadian culture. Throughout our interview she was angry and denied any abusive thoughts or feelings towards her children. She was outraged that anyone could come into her home and tell her how to raise her children. Her philosophy was that children needed physical discipline or else they would never learn.

The father of the family was from a large Canadian-Ukrainian family. He too, was angry and frustrated. The blame for his feelings was not directed at the Children's Aid Society, but rather at his wife whom he referred to as "stupid". Throughout our time together, he stated that "I was wasting my time, because you know what those people

(Filipino) are like". When asked why he had married her, he joked that "he felt sorry for her" and "no one else would ever have her". He claimed he stayed with her "for the sake of the kids".

Circumstances of the Abusive Incident

Mother had been reported to the Children's Aid Society after having dragged her eldest daughter in off the street, yelling at her and hitting her. During my interview it was difficult to determine what the child had done to receive such treatment.

Treatment Plan

This family presented as by far the most pathological of any referred to me. The abuse of the daughter was relatively minor and therefore, the plan had been to work with the parents on their relationship - either resolve some of their differences or to dissolve their marriage.

Progress

Nil. Despite promises to follow through the family never made contact beyond the assessment meeting. They did not respond to phone calls or letters. The case was referred back to child welfare authorities.

APPENDIX K

INDEX OF PARENTAL ATTITUDES

PARENT'S NAME: _____

CHILD'S NAME: _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Sometime
4 A good part of the time
5 Most or all of the time

Please begin.

1. My child gets on my nerves _____
2. I get along well with my child _____
3. I feel that I can really trust my child _____
4. I dislike my child _____
5. My child is well behaved _____
6. My child is too demanding _____
7. I wish I did not have this child _____
8. I really enjoy my child _____
9. I have a hard time controlling my child _____
10. My child interferes with my activities _____
11. I resent my child _____
12. I think my child is terrific _____
13. I hate my child _____
14. I am very patient with my child _____
15. I really like my child _____
16. I like being with my child _____

17. I feel like I do not love my child _____

18. My child is irritating _____

19. I feel very angry toward my child _____

20. I feel violent toward my child _____

21. I feel very proud of my child _____

22. I wish my child was more like others I know _____

23. I just do not understand my child _____

24. My child is a real joy to me _____

25. I feel ashamed of my child _____

2, 3, 5, 8, 12, 14, 15, 16, 21, 24

APPENDIX L

ANGER INDEX

For each of the following items, please rate the degree to which the incident described by the item would anger or provoke you by using the following scale:

1	2	3	4	5
not at all	a little	some-not much	much	very much

Use the same scale for all of the items. Please score your responses to the items on the answer sheet provided. Try to imagine the incident actually happening to you, and then indicate the extent to which it would have made you angry by scoring the answer sheet.

1. Being singled out for correction, when the actions of others go unnoticed. _____
2. Being called a liar. _____
3. You are in the midst of a dispute, and the other person calls you a "stupid jerk". _____
4. People who think that they are always right. _____
5. Watching someone bully another person who is physically smaller than he is. _____
6. You are talking to someone, and he doesn't answer you. _____
7. People asking personal questions of you just for their own curiosity. _____
8. Being pushed or shoved by someone in an arguement. _____
9. You accidentally make the wrong kind of turn in a parking lot. As you get out of your care someone yells at you, "Where did you learn to drive?" _____
10. Being hounded by a salesman from the moment that you walk into a store. _____
11. You are sitting next to someone who is smoking, and he is letting the smoke drift right into your face. _____
12. Banging your shins against a piece of furniture. _____
13. Being on the receiving end of a practical joke. _____

14. Being forced to do something that you don't want to do. _____

15. Someone sticking their nose into an arguement between you and someone else. _____

16. You are involved in watching a TV program, and someone comes along and switches the channel. _____

17. Being forced to do something in a way that someone else thinks that it should be done. _____

18. You use your last 10c to make a phone call, and you are disconnected before you finish dialing. _____

19. While washing your favorite cup, you drop it and it breaks. _____

20. People who are cruel to animals. _____

Ref.

Novacco, R. Anger Control
Toronto: Lexington Books, 1975.

BIBLIOGRAPHY

Averill, J. Anger and Aggression: An Essay on Emotion. New York: Springer - Verlag Publishing, 1982.

Bakan, D. Slaughter of the Innocents. Toronto: The Hunter Rose Company, 1971.

Bandura, A. Aggression: A Social Learning Analysis. Englewood Cliffs, New Jersey: Prentice Hall Inc., 1973.

Barth, R. and Blythe, B. "The Contribution of Stress in Child Abuse", Social Service Review, September, 1983.

Barth, R. et al. "Self Control Training with Maltreating Parents", Child Welfare, July - August, 1983 LX11.

Becker, W. Parents are Teachers. Champaign, Illinois: Research Press, 1971.

Berkowitz, L. Aggression: A Social Psychological Analysis. New York: McGraw-Hill Inc., 1962.

Bernstein, D. and Borkovec, T. Progressive Relaxation Training. Champaign, Illinois: Research Press, 1973.

Bloom, M. and Fischer, J. Evaluating Practice: Guidelines for the Accountable Professional. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1982.

Blumberg, M. "Psychopathology of the Abusing Parent", American Journal of Psychotherapy, 1974, 28.

Breton, M. "Nurturing Abused and Abusive Mothers: The Hairdressing Group", Social Work with Groups, Vol. 2 (2) Summer 1979, Haworth Press.

Breton, M. "Resocialization of Abusive Parents", Social Work, March, 1981.

Denicola, J. and Sandler, J. "Training Abusive Parents in Child Management and Self-Control Skills", Behaviour Therapy, 1980, 11.

Falconer, N. and Swift, K. Preparing for Practice. Toronto: Children's Aid Society of Metropolitan Toronto, 1983.

Fischhoff, J., Whitten, C., and Pettit, M. "A Psychiatric Study of Mothers of Infants with Growth Failure Secondary to Maternal Deprivation" in Child Abuse: Commission and Omission. Cook, J. and Bowles, R. (eds) Toronto: Butterworths, 1980.

Fontana, V. The Maltreated Child: The Maltreatment Syndrome in Children. Springfield, Illinois: Charles C. Thomas, 1964.

Garbarino, J. and Gilliam, G. Understanding Abusive Families. Toronto: Lexington Books, 1980.

Garbarino, J. and Stocking, S.H. et al Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass Pub., 1980.

Gelles, R. "Child Abuse as Psychopathology: A Sociological Critique and Reformulation, American Journal of Ortho-psychiatry, 1973, 43.

Gil, D. Violence Against Children. Cambridge, Mass.: Harvard University Press, 1970.

Helfer, R. "Developmental Deficits Which Limit Inter-personal Skills", in The Battered Child. Chicago: University of Chicago Press, 1980.

Henry, J. "Making Pete Tough" in Violence in the Family. Steinmetz, S. and Strauss, M. New York: Dodd, Mead and Company Inc., 1974.

Hill, R. "Generic Features of Families Under Stress" Social Casework, Vol. 39 pgs. 139-150, 1958.

Justice, B. and Justice, R. The Abusing Family. New York: Human Sciences Press, 1976.

Kempe, C.H. et al. "The Battered Child Syndrome" J.A.M.A. July, 1962.

Kempe, C.H. and Kempe, R. (eds.) Child Abuse and Neglect, Cambridge, Mass.: Ballinger Pub. Co., 1976.

Lazarus, R. Psychological Stress and the Coping Process. New York: McGraw-Hill Inc., 1966.

Meichenbaum, D. Cognitive Behaviour Modification. New York: Plenum Press, 1977.

Morris, M. and Gould, R. "Role Reversal: A concept in dealing with the neglected/battered child syndrome", in The Battered Child. Chicago: University of Chicago Press, 1974.

Nagi, S. Child Maltreatment in the United States. New York: Columbia University Press, 1977.

Novacco, R. Anger Control. Toronto: Lexington Books, 1975.

Novacco, R. "The Cognitive Regulation of Anger and Stress" in Cognitive-Behavioural Interventions: Theory, Research and

Procedures. Kendall, P. and Hollon, S. (eds.) New York: Academic Press, 1979.

Pfohl, S. "The Discovery of Child Abuse" in Child Abuse: Commission and Omission. Cook, J. and Bowles, R. (eds.) Toronto: Butterworths, 1980.

Radbill, S. "A History of Child Abuse and Infanticide" in The Battered Child. Chicago: University of Chicago Press, 1968.

Reidy, T. "The Aggressive Characteristics of Abused and Neglected Children" in Child Abuse: Commission and Omission. Cook, J. and Bowles, R. (eds.) Toronto: Butterworths, 1980.

Satir, V. Peoplemaking. Palo Alto, California: Science and Behaviour Books, Inc., 1972.

Scott, R. and Howard, A. "Models of Stress" in Social Stress. Levine, S. and Scotch, N. (eds.) Chicago: Aldine Publishing Company, 1970.

Selye, H. The Stress of Life. New York: McGraw-Hill, 1956.

Selye, H. Stress Without Distress. New York: Lippincott and Crowell Publishing, 1974.

Smith, M. When I Say No, I Feel Guilty. New York: Bantam Books Inc., 1975.

Spinetta, J. and Rigler, D. "The Child Abusing Parent: A Psychological Review", in Child Abuse: Commission and Omission. (eds.) Cook, J. and Bowles, R. Toronto: Butterworths, 1980.

Statues of Manitoba: Child Welfare Act ammended, 1979.

Steele, B. and Pollock, C. "A Psychiatric Study of Parents Who Abuse Infants and Small Children", in The Battered Child. (eds.) Helfer, R. and Kempe, C.H. Chicago: University of Chicago Press, 1974.

Steele, B. and Pollock, C. "A Therapeutic Approach to Parents" in Helping the Battered Child and His Family. (eds.) Helfer, R. and Kempe, C.H. Toronto: J.B. Lippincott Co. 1972.

Strauss, M., Gelles, R. and Steinmetz, S. Behind Closed Doors: Violence in the Amer[illegible]an Family. New York: Anchor Books, 1980.

Strauss, M. "Stress and Child Abuse", in The Battered Child. (eds.) Helfer, R. and Kempe, C.H. Chicago: University of Chicago Press, 1980.