

The Peek-A-Boo Club: Group Work for Infants and Mothers Affected by Family Violence.

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Exposure to family violence affects children from birth, if not before, yet very few programs address the impact of family violence on infants. The Peek-A-Boo Club is a new group program for mothers and infants who have experienced family violence. In this article, Wendy Bunston, Manager of the Community Group Program & Addressing Family Violence Programs at the Royal Children's Hospital Mental Health Service (RCH MHS), reflects on her experience as one of the facilitators of the program. She describes the weekly activities and early evaluation findings from the first two group programs run.

Introduction

The RCH MHS Addressing Family Violence Programs (AFVP) has, over many years, provided training to other professionals based on our experience of working with children and young people affected by family violence. Our direct service delivery work includes two group work programs targeting children aged 8-12 years; PARKAS (Parent's Accepting Responsibility – Kids Are Safe, see Bunston 2001; Bunston & Crean with Thomson-Salo 1999) and jkf (jUST FOR KIDS).

Our assessment interviews for PARKAS and jkf indicated that the majority of the children participating had been exposed to familial violence from birth, if not in the womb. For a smaller number of the children, their conception was a result of violence. Neurological research indicates that very early emotional trauma can significantly and negatively impair the infant's developing brain (Schore 2003a, 2003a, 2001; Wylie 2004, 2001; Teicher 2002; Streeck-Fischer & van der Kolk, 2000; Perry et al. 1995), and yet we were commencing our intervention with children in their mid-primary school years.

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

The Group Work Facilitation Team

In order to deliver a specialist intervention for infants and their mother's we needed to collaborate with others. Lindy Henry, a maternal and child health nurse who was completing a Master's degree in Infant Mental Health, was our 'infant expert'. Bez Robertson, a social worker from Community West also joined our team, having had years of experience running women's domestic violence support groups. I was the third member of this facilitation team, a social worker and family therapist with many years experience working with children affected by family violence. In the second Peek a Boo Club a term later, Naomi Audette, a dance and movement therapist replaced me within the facilitation team. Each of us came with different though complementary approaches to therapeutic work.

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We forged strong bonds as a team, and were mutually motivated by this new area of work, as well as the opportunity to learn from one each other and learn from this client group.

The Peek-A-Boo Club

Our original plan for the Peek a Boo Club was to run a 10 -12 week intervention. We envisioned building extensive links with other services, having guest speakers, inviting extended family members (such as grandparents, aunts, siblings) to the groups, writing up weekly newsletters and undertaking a comprehensive evaluation and long term follow up. When we were unable to secure funding, we settled for a smaller version of our original plan, keeping our immediate focus on just the infant/mother dyad. We have been fortunate in being able to access weekly supervision with an infant mental health specialist employed at Royal Children's Hospital Mental Health Service.

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

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

Our identified goals included:

- to create a safe place for mother and infant to interact, engage with other mothers and have fun in a non-judgmental setting;
- to increase the quality of infant/mother relationships;
- to positively influence the developmental pathways of the infants;
- to increase the confidence of the women in their roles as mothers and as individuals; and
- to assist the mothers to explore how things are for them and for their babies, and how they would like things to be.

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

Assessment

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

Weekly Sessions

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

We placed large cushions in a circle in the middle of the room we were using, lit an aromatic oil burner and played music in the background. We always ensured we had tea and coffee available and a delicious morning tea. We attempted to create something akin to a cosy and nurturing nursery.

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

Group Activities

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

In week two we used soft scarves to play 'peek-a-boo' with the infants. We carefully watched the interactions between baby and mother to discern the comfort and trust levels within the activity. We also marched to music. I remember feeling quite self conscious at some of the activities we did, but as we continued, I became more aware of my

awkwardness and gave myself over to a decision to just 'have a go' and enjoy playing. As facilitators, we often have to make conscious our own feelings in order to transform them, and then find that our changes have created changes within the group.

A large collection of plastic animals became a central focus for group exploration/engagement during this 2nd session. The Mothers were asked to pick an animal that best represented their child and explain why. We then ask them what animal would they like them to be and to explain why, if different to their original choice. Lastly, we ask them to pick an animal that best represents themselves and then what they would like to be. This activity revealed rich psychological material (about perceptions of self and their babies) that was worked with, and reflected upon within the group.

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

Other activities included laying out St. Luke's Strength Cards (a packet of illustrated cards identifying an array of strengths) and asking the mothers to pick two for themselves and two for their infants. A fruitful discussion ensued about why they had picked what they had and if there were any strengths that they didn't feel they had but would like to have, in order to pass onto their children. We also provided bubbles for the mothers to blow for the infants in this session, as a means of engaging the infants in interactive play.

In the last formal session (week six) we provided face paints to create a fun and intimate activity for the infants and mothers. We (the facilitators) painted T-shirts for the mothers while the mothers painted their infant's tops. This activity was intended as a symbolic and nurturing farewell gift from ourselves to the mothers, as well as their gift to their infants.

Topics Covered

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

In week three we revisited the ways we manage stress using an activity sheet. This led to a more intimate discussion about the backgrounds of the individual mothers and disclosures about their own anger, as well as areas in which they felt they had not

measured up to themselves or others. It revealed personal histories replete with their own childhood experiences of being abused, neglected and abandoned. When it seemed timely, we altered the tempo of the group and ended this session with our signature finishing song, 'Twinkle, twinkle, little star'. What remained magical about this closing song was that we would place all the infants on the cushions and all stand above them holding a large scarf that had golden stars printed on it. This never failed to enthrall the infants.

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

The fifth session was perhaps the most emotionally intense. The topic discussed was 'what are the messages our parents have given us about ourselves, and what are the messages we want our children to have about themselves?' This session revealed the deep sense of shame and guilt the mothers felt about the violence they had experienced. When the members were asked whether their children deserved to have the same things happen that they had experienced, the mothers were adamant: they did not! This provided the chance to reflect on the fact that they deserved to think better of themselves, and to expect others to do so as well.

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

The Impact of the Group

Having small numbers of participants (seven mothers and eight babies) does not allow us to make any sound statistical analysis or conclusions about the group. We administered a self-report questionnaire, the Parent-Infant Attachment Scale (Condon & Corkindale 1998) pre- and post-group. The graph below indicates the positive shifts made by the mothers in their attachment with their children after the group. It is interesting to note that prior to the group the mean attachment score of the mothers fell well below the mean score of 'normal postnatal mothers'. After the group, the mean attachment score of the mothers fell within the 'normal mean score'.

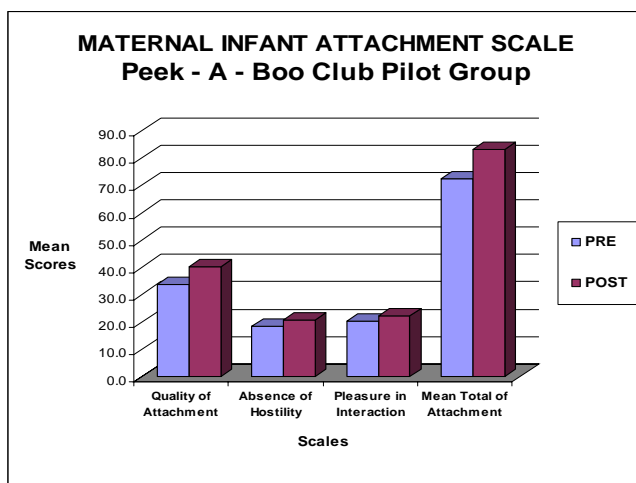
[INSERT GRAPH HERE]

We plan to re-contact the mothers from our two preliminary Peek a Boo Clubs in the near future to see if these shifts have been sustained. As we run more programs, we should be able to draw useful inferences for evaluation of this program.

We also asked the mothers to fill in qualitative questionnaires after the group. The women were extremely positive about the relational aspects of the group (forming

relationships with others, the infants bonding with one another and learning new ways of relating to their infants) as well as the fun and relaxed environment provided. The most consistent difficulty they faced was getting to the venue, and on time.

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



'Where to' for the Future?

We have commenced assessments for our first toddler group (12 -24 months), and begun planning a third baby group. The interest in the Peek-A-Boo club has been immense. Services both within and outside of our catchment area are contacting us to ask if they can refer clients to the program or to find out how we ran the program. Many ask for ideas about setting up their own intervention groups.

Concluding Comments

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

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Further details about the Peek-A-Boo Club or any other of the RCH MHS Addressing Family Violence Programs, training or manuals can be obtained from:

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Or look up our web page: www.rch.org.au/mhs/services then click onto Community Group Program