The Parent-Child Activity Group: Using Activities to Work With Children and Their Families in Residential Treatment

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ABSTRACT: The parent-child activity group combines the concepts of group and family systems theory with therapeutically planned activities as a tool for the assessment and treatment of behaviorally disordered children and their families. This paper describes the development of the group with its flexible and adaptive formats—task performance, family interaction, and parent education/training. An extended case vignette illustrates the effectiveness of the group's design as a unique and replicable treatment modality on an inpatient psychiatric unit.

The importance of family participation in residential treatment of children with behavior disorders has gained increased recognition in recent years (Chethik, 1976; Critchley & Berlin, 1981; Eyberg & Matarazzo, 1980). Traditional models of child psychiatry emphasized the individual treatment of the identified patient and minimized intervention with the parents. Parents felt excluded from their child's therapy or indirectly blamed for his or her problems. In such programs, a child's behaviors might improve while in the hospital but, without changes in the family, the child would revert to previous behavior patterns upon returning home.

Newer approaches suggest that parent participation is a crucial factor in effecting change in a child's behavior (Birkimer, Vaccaro, Abrahams, & Brown, 1981; Simon, 1982). Mental health professionals have used a variety of techniques to assess and treat these dysfunctional families including interactional observation, play therapy, family therapy, role modeling, and parent education (Bandura, 1969; Goodman, 1975; Minuchin & Fishman, 1981; Pasnau, 1976; Raupp, 1978; Satir, 1964). One approach—the use of activities (play and assigned tasks)—is also an effective tool in changing maladaptive behavior patterns in families.

The authors would like to thank Fredda Zuckerman and David Foster for their support and guidance through the development of the parent-child activity group. Also, gratitude is expressed to Nancy Cotton, Clare DeZengofita, Peg Dickerman, Debbie Sosin, and David Foster for their comments on earlier drafts of this paper. Requests for reprints should be mailed to Gino DeSalvatore, the Children's Unit, Ruble 2B, New England Memorial Hospital, 5 Woodland Rd., Stoneham, MA 02180.

Child Care Quarterly, 15(4), Winter 1986
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This article describes the development of a parent-child activity group on a psychiatric unit for latency-age children and discusses the group's usefulness as an assessment and treatment tool. Using an extended case vignette as an illustration, we integrate concepts from group and family systems theories to propose an innovative and replicable model for working with children and parents.

The Children's Psychiatric Unit

The children's psychiatric unit at New England Memorial Hospital is a 12-bed, short-term, diagnostic inpatient unit for children ages four to twelve. Children are admitted for treatment of severe behavior disorders, and the family is expected to participate in the highly structured therapeutic activity program. The goals for hospitalization are to assess the child's and family's strengths and weaknesses and to make treatment recommendations for home and school.

Upon admission, each child is assigned to a team, whose members share information and impressions regarding the patient and family. In addition to intensive psychotherapy and milieu treatment for the child, there is an active family component to the unit, including: 1) weekly parent meetings with a social worker, 2) a weekly parents' group, 3) weekly parent-child activity group, 4) weekly sibling group and sibling activity group, 5) family cooking group, 6) periodic family meetings, and 7) weekend day passes off the unit. If a parent or parents are chronically absent from groups or meetings and are unable to resolve the problem with their worker, the child might be discharged from the unit.

Parent-Child Activity Group

The parent-child activity group applies the concepts of systems theory in working with families and uses activities as the medium for family members to exhibit patterns of behavior. The goals of the group are to assess and treat families in two areas: family structure and family process. Family structure goals include the assessment and treatment of the family's organization and hierarchy, rules, boundaries, and roles. Family process goals include the assessment and treatment of communication skills and patterns, styles and effectiveness of parent-parent and parent-child interaction, task performance skills, ability to use therapeutic interventions, and educating the parents about the developmental needs of the child.

The parent-child activity group meets twice a week for one hour,