Taking Control: A Single Case Study of Mellow Parenting

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ABSTRACT

A single case study is presented illustrating the theoretic approach and practical implementation of Mellow Parenting, a group intervention for families of young children where there are parenting problems. The parents in this case had a long history of marital violence, and, following the breakdown of their relationship, the father continued to terrorize the family, with adverse effects on the mother's and children's mental health. The mother felt unable to relate to her son, aged 2, because of her own profound depression and the similarity between him and her former partner. He had marked eating problems and her daughter had been referred to child psychiatry with severe separation and sleeping problems. In the course of the group, the mother grew in confidence and began to separate her feelings about her partner from the needs of her young son. A one year follow-up showed that she had been able to move away from the area, make a secure and affectionate base for her children and begin a course of adult education to further her career. The combination of support for herself and practical parenting workshops was effective both in her own emotional containment and in mobilizing her ability to contain her children's distress.

KEYWORDS

group intervention, mother-child relationship, parent-child relationship, parenting, treatment

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CHILDREN WHO PRESENT with psychological problems in early childhood often live in multiproblem families. Poverty, social isolation, marital discord and parental mental ill health have combined to put these children at risk in a variety of ways (Webster-Stratton & Herbert, 1993). Conventional treatments may focus on the child himself or herself, with an offer of individual therapy or on the family system, or take a behavioural approach, using the parents to modify the child's behaviour (Forehand & McMahon, 1981; Webster-Stratton, Kolpacoff & Hollinsworth, 1988). While each of these methods has its adherents and successors, there remain a large number of families who either fail to seek help or drop out of helping endeavours. Webster-Stratton and Herbert (1993) suggest that these families fail to participate 'because of their own dysfunction or because they have given up and are not motivated to change their behaviours'. However, it is the very factors which put the children at risk that make it harder for parents to engage in therapy for themselves or their children. Dysfunction in the parents and lack of social support may obstruct their appropriate use of services for children.

Conversely, alleviating parents' own problems without directly addressing parenting may relive their depression and social isolation but have little impact on the relationship of the parents and their children. Cox, Puckering, Pound and Mills (1987) showed that in a group of depressed women, their parenting did not change even when their depression improved. Similarly, studies of NEWPIN, a highly effective intervention for socially isolated and depressed women, showed that women can be helped with their own internal difficulties, but with few beneficial effects on the children (Cox, Puckering, Pound, Mills, & Owen, 1990; Oakley, 1995).

In view of these findings, a group intervention was devised, combining approaches to the emotional well-being of the mothers of children under 5 and direct intervention in their parenting. The project, called initially Mellow Mothering and subsequently Mellow Parenting as work was extended to include fathers, is described in detail in Puckering, Rogers, Mills Cox and Mattsson-Graff (1994). The group lasted for four months, running one full day each week. Participants were referred to the group from family centres, health visitors, social workers, education and clinical psychologists and child psychiatrists. Criteria for group entry were that at least one child must be under 5, and the mother should have persistent relationship problems with the child which, in about one-third of cases, had precipitated child protection proceedings. Other factors which would reach criteria were a combination of persistent behavioural problems in the child with maternal mental-health problems or intrafamily violence. In practice, many families referred to the project exceeded the threshold on all these criteria.

Mothers were invited to join the group after it was explained to them that the group involved time for them to think about their own problems but also direct video work with themselves and their children. They were then asked to define goals for themselves and their children in the group. In practice, many women were able to say that they wanted to control their children better but could not generate a goal for themselves. At the very least, the interviewer suggested that some time for themselves and a chance to get out and meet other people, free of child-care responsibilities, might be a goal. Before the group, the women were videotaped, this data being used by them in the group but also retained as part of a large-scale research evaluation of the project by the Department of Health.

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The philosophy of the group was principally of empowerment. Women were invited to join the group if it appealed to them and neither coerced nor told it would be good for them or their children. Several social-work referrals under the threat or promise of the change of residence or contact with the children depending on group attendance were refused by the therapists. Women watched their own videotape with a therapist before the group and then chose to share good and bad moments with the group when they were ready. The therapists asked the mothers to define goals and the group themselves to solve problems. In general, the 'expert' model was refused with no expectation that the therapists could or would 'fix' them or their children. In practice, the groups were very supportive of each other, and enormously creative in generating a variety of solutions to each other's dilemmas from which a mother could select the one which suited her best. For example, one child was refusing to eat potatoes. His mother dyed them green and called them 'turtles', which was not only effective in promoting their consumption but sparked a discussion about other ways of making eating fun.

The day fell into three parts. Mornings were given over to a review of the previous week's homework, and time to reflect on a variety of issues for the women themselves. These included their family of origin, their childhood, current relationships, sex, anger and planning a future. Each session was based on simple worksheets which raised topics for reflection and sharing. Low literacy levels were common so all topics were read aloud and kept concrete, with each member being invited to speak in turn or 'pass' if they did not want to speak. For this part of the day, the children were separately cared for in a crèche. At lunch-time, all the mothers, children and therapists took lunch together, followed by planned activities including finger games, arts and crafts, outings to the park and supermarket, and the like. During these times, mothers knew they were again in charge of their own children, but these were times to find enjoyable things to do together and to try out new ways of handling behaviour. A number of mothers reported that, before the group, they did not enjoy their child's company and had had little experience of pleasurable joint activities. The afternoon session again returned the children to the crèche while the mothers shared videotape material and worked on parenting topics from simple worksheets. These were also used to generate 'homework' tasks defined by the mothers around areas of their own concerns. The parenting topics were based on the six dimensions defined in the NEWPIN study, that is autonomy, anticipation, cooperation and conflict, emotional containment, distress, and warmth and stimulation.

Throughout the day, links were drawn between mothers' own experiences, past and present, and their current feelings and behaviour towards the children. These links were readily elicited from mothers in an atmosphere where they felt supported and valued as individuals. It became increasingly obvious to the therapists that the philosophical model which was applied to the mothers was reflexive. As the therapists invited the mother to reflect on how she felt and the meaning of specific thoughts and events to her, given her past and current experiences, and the mother gained some insight with her own needs and behaviour, so she began to be able to ask herself 'I wonder how this feels for my child'. To be able to enter the child's world was a new experience for many of these women. Their ability to empathize had been blocked by their own current pain, or painful childhood experiences that ensured they would never want to feel like a child again. It became clear that part of the function of the lunch-time sessions was for the mothers to enjoy messy play, arts and crafts and making sticky biscuits. One mother, whose lonely childhood had been spent largely in day care, said 'I'm enjoying the childhood I never had'. Another mother who had been unable to tolerate any closeness to her daughter, when she saw this on videotape, began to recount how this daughter represented in her mind herself as a child and brought flooding back unmanageable memories of sexual

abuse. The value of videotape in this context was to allow the mothers to stand back from the immediate demands of child care and reflect on their own behaviour. Many mothers generated their own instant and effective solutions to long-standing behaviour problems in the children, simply by being free to observe their own behaviour in a sympathetic forum.

Assessment procedures

Before the group, families were assessed using an extensive non-schedule standardized interview (Rutter & Brown, 1966). The mother also completed the Daily Hassles Scale (Crnic & Greenberg, 1990), the Vineland Adaptive Behaviour Scales and a Repertory Grid. A Wechsler Adult Intelligence Scale (WAIS) was completed to estimate the mother's IQ. Families were also videotaped on two occasions prior to the start of the group.

In order to assess the interaction between mother and child, videotapes of mealtimes were analysed in accordance with the coding system which has been developed and used in the Mellow Parenting study (Puckering et al., 1994). This coding system has been adapted for the parenting project and is now more concise.

The quality of parenting was captured by six different categories: Anticipation, Autonomy, Cooperation, Warmth and Stimulation, Containment of Distress and Miscellaneous (bad timing, inconsistent behaviour, developmentally inappropriate demands and emotional inconsistency). The first five categories have both positive and negative elements. Attention was also paid to control sequences for which the following aspects are recorded: legitimacy of the issue, handling of the issue, outcome, total length of control sequence and whether or not the child was angry or distressed.

Relevant parenting behaviour was coded at 10-second intervals. Also, at every 10-second interval, the level of involvement of the mother with the index child and the proximity between mother and child was recorded. Once the tape had been coded in this manner, the parenting codes were categorized. Furthermore, a general assessment was made on the parenting style, which was based on the impression of the tape as a whole. The parenting style included control intensity, control style, warmth, involvement and responsiveness. Finally, in cases where other family members were present, a family matrix was completed for the emotional relationship between each person.

To increase objectivity, all mealtimes were mixed at random and the coder (JE) was blind to the time of data collection and to the status of the family (i.e. index or control).

As part of the initial assessment, each mother was asked to complete a repertory grid looking at her construction of parenting and of herself. In accordance with the usual repertory-grid procedure, she was asked to generate a list of at least six important people in her life, including herself, her ideal self and the perfect mother, and to compare ways in which these people differed or were alike. If the resulting constructs did not include one which covered being able to have a life of one's own as well as being a mother, this was suggested to her. The resulting grid was rated by her and analysed using Circumgrids III (Chambers & Grice, 1986).

The grids were repeated after the group, and also at one year follow-up.

Case History

Before the group Linda was the 30-year old mother of two children, Andrew 23 months and Alison aged 6 years. Her father was in the army and she spent most of her early years in Germany. She had a positive relationship with her father while her mother was described

as a stern disciplinarian with whom she had a cool and reserved relationship. Although she hated secondary school, she achieved four 'O' levels before leaving at age 15.

Linda had left home at 16 to become engaged but left her fiancé when he was violent to her. She then cohabited with Alison's father but this relationship broke down. Linda married Andrew's father but, at the time of the interview, she was separated and awaiting a divorce. Her husband had four hours of contact with his son weekly and was contesting residence. Additional conflict was caused because her current boyfriend was also well-known to her husband.

Linda suffered her first depression at 23 when her father died, and was on antidepressants for two months. A year before the initial interview, she was again depressed following the breakdown of her marriage and was on antidepressants for seven months. Her husband was threatening and violent both to her and the children.

At the time of the interview, Linda was again depressed, feeling miserable and irritable. She also suffered regular migraines which were stress-related. She slept badly, often remaining awake until 3.00 or 4.00 am., fearful of her husband's return to the flat. She had a poor appetite and no energy.

At the first interview, she was living in a council flat with major problems such as a leaking roof and a brown contaminated water supply. The flat was on a busy road in a rough and noisy neighbourhood but was clean and well cared for.

Andrew, the index child, was born after a difficult pregnancy and delivery, being induced early because of foetal distress. When Andrew was 6 weeks' old, her husband left. At interview, he was a demanding child whom Linda compared very unfavourably with Alison. He was a fussy and messy eater, and had frequent severe tantrums lasting up to an hour. He was unable to mix or share with other children without fighting, and was clingy and whining. He could not be left with other people but was difficult to take out because of tantrums and refusing to walk, demanding to be carried. Linda was smacking him three to four times a week, and had left marks on his leg on one occasion. Linda feared that she would hurt him when she lost her temper, finding him a strain. Andrew was also irritable and destructive, tearing up his sister's books and smashing cups.

Although Linda had many strengths, at the start of the group she was exhausted, depressed and demoralized by her husband's behaviour and appeared helpless to cope with Andrew's behaviour.

During the group She attended the group regularly, bringing Andrew with her while Alison went to school. Initially in the group she was very quiet but soon began to talk about Andrew's severe temper tantrums and also her corrosive fear of her former husband. She was obviously relieved to meet at least two other women in the group who had experienced or were experiencing marital violence. Her fear of attack was well-founded. During the group her husband cut both her telephone and electricity wires one night before breaking down the door of her flat. In spite of an injunction, the police were not able to help her - by the time they arrived at the scene, he had always gone. Group members suggested ways of keeping safe, including a mobile telephone, so that wires could not be cut, and a burglar alarm. Unfortunately neither of these solutions was possible due to financial stress, but after a visit to the police station with a worker from the family centre, Linda was able to get help in applying for a social-services alarm which could be triggered if she was frightened. Linda gained confidence by presenting her case calmly to the police rather than in the aftermath of yet another intrusion when she felt that she was treated as 'just an hysterical woman'. She was unwilling to move to a women's refuge because she feared that her husband would trace her whatever she did, and she was immobilized by this fear.

During the group, respite from Andrew was helpful. At times, Linda was so exhausted by her sleepless nights that she seemed to need rest more than anything else. Linda also began to use behavioural strategies to manage Andrew's temper tantrums which gradually

declined in both frequency and severity. She drew parallels in the group between her violent and demanding husband and her son, but grew in her ability to separate them in her mind and in her conviction that she could manage both of them better.

Towards the end of the group, she began a new sexual relationship and immediately looked more rested and attractive, having been able to sleep in the knowledge that another adult was in the flat.

Linda obviously gained support of a practical and emotional nature from the group, but the changes she made – in managing her son, her husband and her mother – were all predicated on a change in her self-confidence and feelings of mastery in these difficult relationships. Her initial helplessness was replaced by a new confidence gained from being believed, respected and encouraged by the group. She began to stand up to her mother who, although supportive, was also intrusive and domineering. Linda was able to use the support she offered without feeling obliged to agree with her mother's viewpoint.

After the group Linda and her children were reassessed after four months at the end of the group. At this stage, a post-measures semistructured interview was carried out, as well as a further two videos of mealtimes, a grid and another Parenting Daily Hassles Scale (see Tables 1 and 2).

At this stage, Linda was living in the same flat as at the initial stage. During the time which the group was running, Linda's ex-husband had become increasingly violent. He had assaulted both Linda and the children, smashed up her car and her front door. He had also cut Linda's telephone lines so she was unable to call the police. Linda now had a court injunction to prevent him coming near the house. She also had weekly visits from a social worker and an alarm connecting her to an emergency team.

Linda had another new boyfriend of three months' standing. He was aged 31 and unemployed. They had a positive relationship although Linda felt he lacked understanding in regards to her extreme fear of her ex-husband.

At the time of the post-measures interview, although Linda was still feeling slightly depressed and tearful, she reported being happier and less uptight, stronger, more confident, more in charge of her own life, more able to stand up for herself and also more able to trust people. She still lacked energy and felt there was little incentive to do anything, and

Table 1. Standardized measures of development and behaviour

		Before group	*End of group*	*One year follow up*
Daily Hassles				
Frequency		46	39	34
Intensity		49	37	34
Challenging behaviour		20	17	16
Parenting tasks		15	15	09
Vineland Adaptive Behavioural Scales				
Communication	(percentile)	07	—	39
Daily living skills	(percentile)	03	—	27
Socialization	(percentile)	06	—	04
Motor skills		23	—	02
WAIS	Verbal IQ	87	—	—
(Linda)	Performance IQ	104	—	—
	Full scale IQ	97	—	—
WPPSI	Verbal IQ	—	—	94
(Andrew)	Performance IQ	—	—	101
	Full scale IQ	—	—	97
Richman & Graham Child Behaviour Rating Scale		21	20	16

Table 2. Observation measures of mother-child interaction

Video Coding (Rates per minute)	*Before*	*After (4 mos)*	*Follow-up (1 yr)*
Autonomy +ve	0.41	0.77	0.65
Autonomy –ve	0.06	0	0
Cooperation +ve	0.76	0.48	0.75
Cooperation –ve	0.41	0.11	0
Anticipation +ve	0.20	0.52	0.20
Anticipation –ve	0	0	0
Warmth and Stimulation +ve	0.88	1.37	1.75
Warmth and Stimulation –ve	0.52	0.33	0.15
Distress (Mopped up)	0.06	0	0.25
Distress –ve	0.17	0	0
Miscellaneous –ve	0.11	0.18	0
Time in control	1.17 mins	7.17 mins	0.33 mins
Total control sequences	3	15	1
Positive outcome	2	13	1
Negative outcome	1	2	0

her appetite was poor. Her main difficulty at this stage was anxiety due to the threat of her ex-husband. Linda was experiencing frequent panic attacks at night and was now fearful of going out on her own at night but was getting out of the house more during the day.

She attributed al of the preceding changes to the group, especially to being able to share problems with others and to have the support of he other mothers in the group. Linda reported making four friends within the group and having confided in three of these. She also felt able to confide in two staff members involved in the group.

Andrew was still exhibiting difficult behaviour. Linda felt there was only a slight improvement in that he was eating better and was able to sit still for longer. However, she felt that she had a lot more patience with Andrew and was finding it easier to cope with him. Her future plans at this stage were to get some training and qualifications and then to get a job when Andrew starts school.

One year follow-up

One year after the end of the group, Linda and her children were assessed once again. At this final stage, all of the assessments carried out at the initial stage were repeated, except for the WAIS. A Wechsler Preschool and Primary Scale of Intelligence (WPPSI) was also carried out with Andrew who was now over 3 years of age. (See Table 1 for results.) A further two videos at mealtimes were also taken. (See Table 2 for results of observation measures.) In the year following the end of the group, Linda and her children moved house three times. Initially they moved from the area to be away from her ex-husband. Linda was then cohabiting with her boyfriend. However, he became abusive when Linda began attending college. He broke into her house, ripped up her clothes and switched off her freezer. The family then spent a period in a women's refuge.

The family were rehoused two months before the final interview. They were now living in a second-floor council flat in a rather run-down area with a lot of litter visible. The flat was again damp, due to burst pipes in the upper floor causing flooding three months previously. The interior required a lot of redecoration but was tidy and well-looked after.

Linda was now in full-time education, attending a women's technology centre, where she was taking a course in electrical and electronic engineering. The centre paid all child-care expenses, so she was able to attend the course while Andrew was cared for by a registered child minder.

She had experienced a further period of depression for three months when she was living in the women's refuge. She took antidepressants for one week at this stage. At that time, Linda was also physically low and suffered from frequent colds, impetigo and tonsillitis.

At the time of the year follow-up, Linda was physically well. She no longer suffered from depression and was on no medication. Linda continued to have some difficulty sleeping, due to the fear related to past events. Sleep, however, was much improved, with only four very panicky nights in the six weeks prior to the follow-up interview. Linda's appetite had also improved, especially in the morning. She reported that she still lacked energy but this did not prevent her from getting things done and seemed related to the temperature in the flat.

Linda's feelings towards Andrew had become much more positive after one year. She expressed quite a lot of warmth and no negative feelings towards him during the interview. She described Andrew as mainly easy in temperament. He still had difficult moments but she no longer felt this was a strain. Andrew's tantrums were still occurring daily but now lasted from a few minutes up to 20 minutes, and his behaviour during tantrums was less severe. At this stage, Andrew was still a very fussy eater, regularly refusing meals. However, Linda was less concerned about this now and tended to give him things he liked. Andrew continued to have difficulties with other children, including his sister. He had problems with sharing and had begun to hit and bite in order to get his own way with other children. On his own, Andrew was able to play happily for up to two hours, and would sit for long periods to have stories with Linda. He was much more independent and easier to manage in public places. He was no longer destructive and cried only occasionally, but still whined frequently in order to get his own way. Linda was only having to smack Andrew about once per week. She felt much more able to cope with his behaviour and no longer lost her temper. Andrew was much more affectionate towards Linda and would now come and give her hugs and kisses.

Formal assessment measures

Table 2 documents the changes in Linda's interaction with Andrew. Although there are some increases in positive interaction on the autonomy, warmth and distress dimensions, perhaps more obvious is the decline to zero in six out of seven dimensions of any negative behaviour. It is interesting to note that the actual amount of control issues dramatically increased immediately after the group when getting a grip on Andrew's behaviour and any other aspects of her life was central to Linda's agenda. The follow-up measures reflect how control became only a very minor part of the interaction, balanced by a great deal more warm and positive interaction.

Table 1 documents changes in the frequency and intensity of the Daily Hassles Linda experienced showing a decline in her experience of strain in parenting. Meanwhile both the level of behaviour problems and developmental measures (Vineland) shown by Andrew improved, with the exception of his motor skills.

Ratings of changes in the quality of parenting style also improved with the initial ratings of restrictiveness, unattached and minimally responsive changing, to appropriate control, warmth, calm involvement and high responsiveness. Similarly counts of high involvement increased across the three videotapes.

At the time of the year follow-up, Linda spontaneously reported many positive changes in herself attributing all of these changes to having been in the group. She also acknowledged that moving away from abusive partners had removed many stressors. She had no boyfriend at that time. Linda had been accepted onto an access course at college and planned to then go on to a degree course at university. She felt more self-confident and more assertive. She reported doing more for herself now and being more insistent on her own needs. She now felt able to cope with criticism, including criticisms from her mother.

Grids

Before the group, Linda produced a very constricted grid with only five constructs, two of these being almost identical and the sixth – 'having a life of one's own' being supplied (Figure 1). Linda had two main constructs, one being spoiling children versus being realistic and down to earth, and the other contrasting letting the children run wild while having a life of one's own with being strict or overprotective. In other words, having a life of one's own necessitated neglecting the children. In this construct space, she saw herself and her own mother as being very strict and overprotective but having no life of their own. The proximity of strictness and overprotection, qualities she perceived in her mother, suggested an intrusive and controlling parenting style.

Immediately after the group, Linda described a well-differentiated 'parenting' construct which contrasted being quick tempered and having no time for children with putting the children first and coping well as a parent, but this was relatively independent of having a life of one's own (Figure 2). It now was possible for her to imagine coping and attending to the children's needs but also being able to be a person in her own right. Her construction of herself had moved further away from her own mother, being less strict and less bad-tempered and moving towards her ideal self and being her own person. Interestingly, however, a rather self-sacrificing perfect mother who had no life of her own appeared in the grid – a rather persecutory ideal.

One year later, the structure of the grid had completely changed (Figure 3). A very important new construct emerged. Now having a good sense of humour, coping well and being laid-back but assertive and valuing education contrasted with being strict. Being self-conscious, materialistic and house-proud were on a second dimension. Linda's own construction of herself, her ideal and the perfect mother had almost coincided, accompanied by the disappearance of the unattainable 'perfect mother'. Interestingly, Linda's construction of her own mother had also become more benign, perhaps because

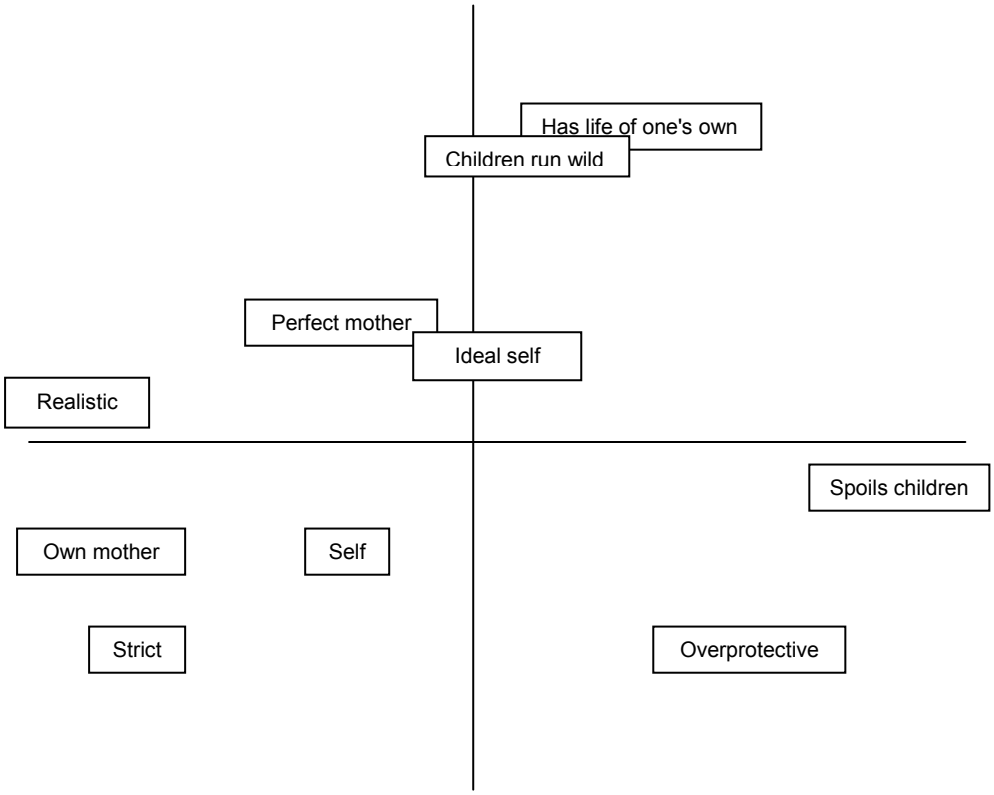

Figure 1. Linda's grid pre-group

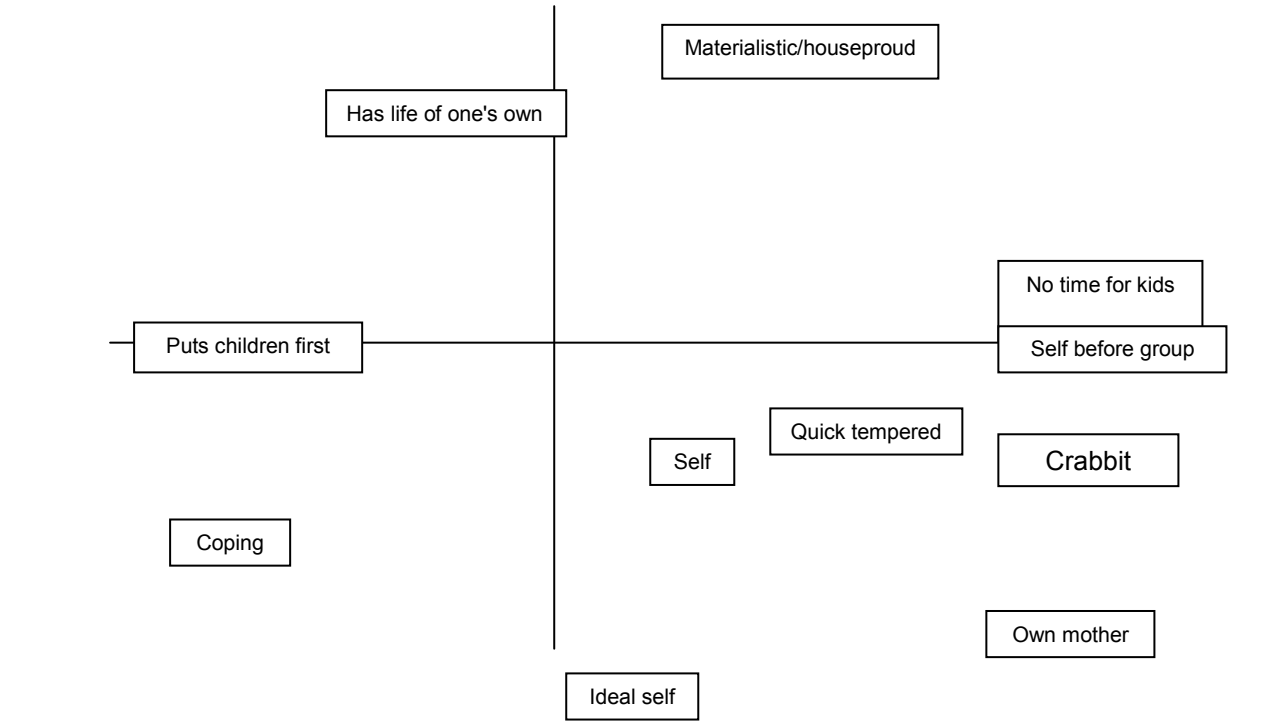

Figure 2. Linda's grid post-group

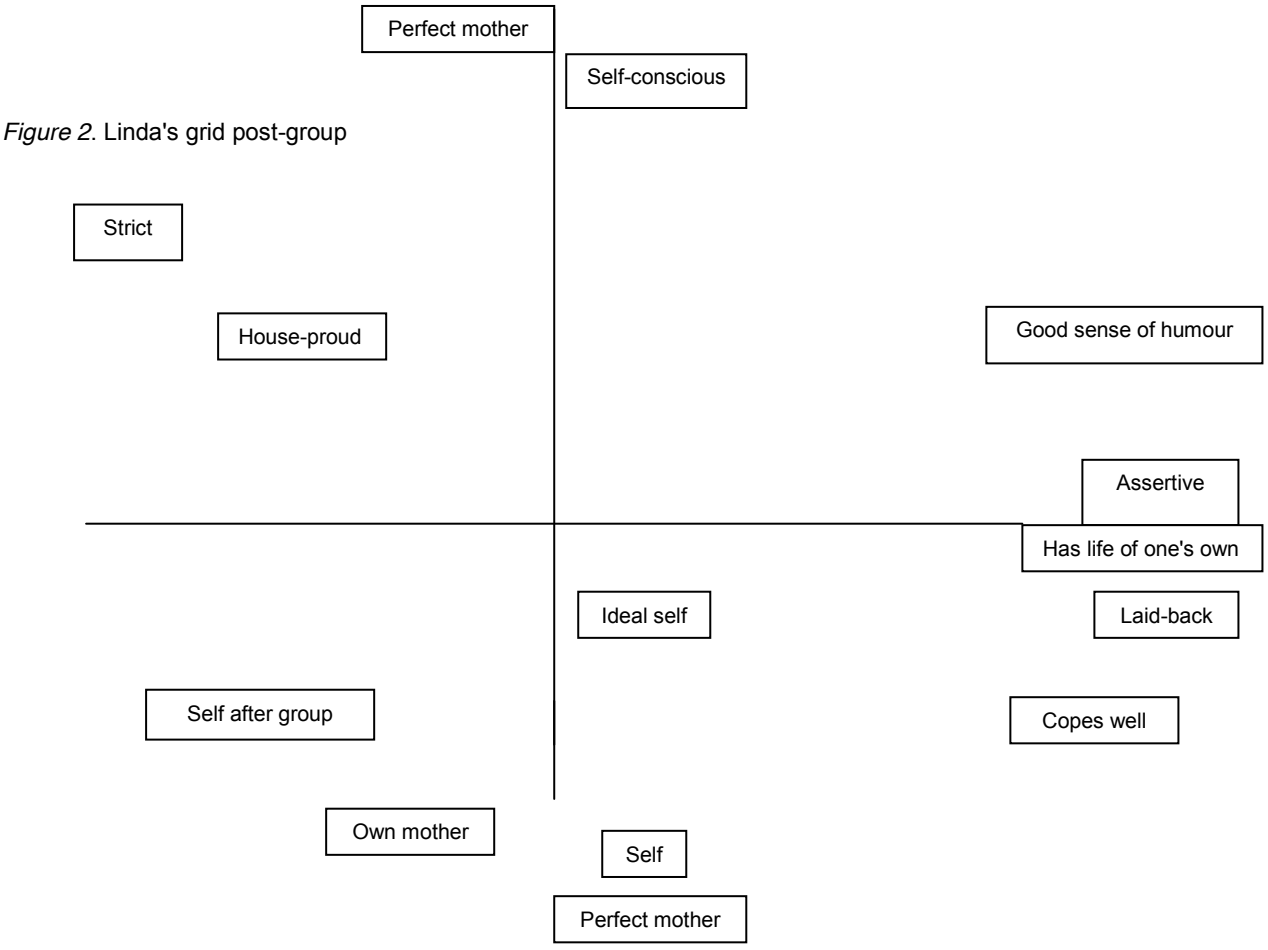

Figure 3. Linda's grid at one-year follow-up.

she was now less dominated by her. Not only in structure but in content, Linda's grid showed a resolution of her dissatisfactions about herself, and an increased security in her belief in herself as not only an effective mother but an assertive and independent adult.

Discussion

In spite of a relatively stable background and considerable strengths, Linda presented to the group when she was depressed and demoralized. Her interactions with her two children were clearly different. Alison was seen as 'an angel' and the interactions between her and her mother were warm and engaged. In contrast, Andrew received scant attention and instrumental conversation only. The picture from the initial videotape was clear – Linda sat close to Alison, her back turned to Andrew in his high chair. He demanded attention by banging cutlery, shouting and dropping food, but the extent of the attention he received was only to meet his immediate needs, often accompanied by a hostile glare.

Alison's anxiety and Linda's sleeplessness were well-founded and reactive to the real threat of intrusion and violence from Linda's husband, but Linda felt immobilized and impotent to change anything in any domain of her life.

Skilled child-psychiatric intervention had been unable to help, and it was clear that the level of Linda's depression and her hostility to Andrew were likely to impede any attempt at behavioural manipulation of Andrew's temper tantrums. In a group setting where Linda felt supported and understood, however, she began to mobilize her internal strengths to tackle the real-world problems of her marriage, and to use behavioural techniques in child management.

Some interesting changes took place by the end of the group, changes in the interaction being mirrored both in Linda's grid and in her personal agenda of taking control of her life. As the grid elaborated a control-orientated construct, so the control issues in the interaction increased, and, though they were well handled, the agenda was clearly about behavioural control. In the second videotape, Linda's very tight behavioural schedule was evident with the television switched on and off as Andrew did or did not eat the next bite of food. There was much more stimulating interaction than there was before the group, although the quality was dutiful rather than pleasurable.

By the third visit, the control issues had receded in importance. Mirrored again by changes in the grid, the third video showed a more relaxed and enjoyable interaction, with Linda clearly warmer and closer to Andrew. Having mastered control of her own life and her children, for Linda the issue of control became relatively unimportant. As do many group graduates, Linda said that while Andrew did still have some temper tantrums, she now knew she could cope with them. Her attitude to her mother had similarly changed, with her help now accepted without the fear of being dominated. Linda's fears of her husband were also now manageable and she could relinquish control of Andrew to let him exercise his contact time.

The process of the group which made it possible for Linda to change were to do with support and sharing. To try to implement a behavioural programme would have provided one more source of demands and imperatives of which Linda already felt she suffered an intolerable excess. The group provided both respite and a model of caring which was not autocratic, and Linda's behavioural and personal constructs came to resemble that model. Of course, as a single uncontrolled case, the changes cannot be uniquely attributed to the group process, although Linda herself believed they were. The data reported are not experimental data but information from three independent sources, interview, observation and repertory grid; they were collected and analysed by the first three authors without reference to each other, and provide a convincing triangulation of the validity of the qualitative data.

The unusual nature of the intervention, combining psychotherapeutic insights for the parents, and direct intervention in parenting, is validated by the changes in the internal world of Linda's repertory grids, the changes in the detailed interaction with her son and

in her management of her life situation. Webster-Stratton and colleagues (1988) and Cox and colleagues (1990) suggest that both these elements may be necessary to recruit and engage troubled families in effective therapeutic alliance. Integration of work with the parent's internal world was fundamental in changes in Linda's ability to free herself from her past and current dilemmas, and to understand and respond to her children.

When the Mellow Mothering programme became Mellow Parenting, a search was made to find another word for Mellow. The thesaurus provided the following synonyms: mature, tempered, calm, serene, full, mellifluous. It was decided that we could find no better word to express the changes we saw unless it was to use Linda's final construct – coping, interested in education, laid-back and with a sense of humour.

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