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Counseling Children from Single Parent Households

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Counseling Children from Single Parent Households

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Counselor Education at

Winona State University

Fall 2019

Counseling Children from Single Parent Households

Winona State University
College of Education
Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Counselor Self-Disclosure: The Impact of Disclosing Mental Health to Clients

This is to certify that the Capstone Project of

Lauren Praska

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

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Name

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Abstract

When serving children and adolescents, it is apparent that their development and presenting mental health features expand beyond their counseling sessions. For children and adolescents to experience success and progression, their parents and caregivers play an important role. Single parent households, however, faces many challenges unique to solo parenting. Whether due to these challenges or other various factors, research has shown that that children with single parents are more likely to exhibit problematic behaviors (Briggs et al., 2016; Maurya & Parasar, 2015). Though counselors may work with these clients individually, single parents can be utilized in the process as well. In order to do that, the counselor needs to understand the complexities, prevalence, and mental health disorders within these family units. Additionally, counselors must acknowledge the barriers to success and ways to address them as they work alongside parents and caregivers as they learn, practice, and implement various interventions together.

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Introduction

As marriage rates continue to change, family structures continue to look different (McLanahan & Sawhill, 2015). These evolving family structures also and then impact the children within those families and the supports they receive. The purpose of this research is to deepen the understanding in order to further meet the client and their family where they are in regards to their services, making sense of their unique family system, and acknowledging and addressing the possible challenges that their family structure may cause them. In order to do so, there needs to be a clear understanding of single parent families, their specific barriers, as well as ways to address them. With that understanding, counselors can work to better support single parent families in improving the functionality of their children as individuals, as well as their family system as a whole.

Review of Literature

In order to best address the individualized needs of the clients a counselor serves; they must first develop a deep understanding to the system which is helping to shape them. Something a counselor must understand is that when children are working to progress their mental health, they are more likely to succeed when the services engage those who are part of their support system (Haine-Schlagel, & Walsh, 2015). For children who come from single parent homes, this system has a different normalcy that a counselor should work to better understand. To do so, the definition and prevalence of single parent families, their possible barriers to success in counseling, and ways to understand these barriers should all be considered by the counselor.

Single Parent Families

When individuals become parents, there are a lot of factors that contribute to the way in which they raise their children. Research suggests that the number of single parent families are continuing to increase, and of these families, the majority of the single parents are single mothers (Federal Interagency Forum on Child and Family Statistics, 2017). Since this family system may take a variety of forms, the definition, prevalence, and mental health within these systems should be acknowledged.

Definition of Family Unit

The definition of family can be different to various people. The definition has changed over time based on various constructs and purposes including reproduction, economic benefit, socialization, and educational gain (Family, 2019). To address the system in which the child relies on and is supported by, the counselor must understand how the child defines their family. If a child counts a non-biological relative as a member of their family, the counselor would be

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amiss to argue against this but should instead come alongside that child in understanding their definition of supports.

Family structures can be shifted by adoption, marriage, cohabitation, divorce, death of parents, step or half siblings, and many other factors. Within single parent families, however, there is no sharing of the parental responsibilities; the one parent, whether mother or father, is doing all of the parenting as a single entity (Schadler, 2016). The family may be receiving supports from outside of the one parent in charge, however, they serve as the one authority figure or parent within the household. Though this family system has not always been prevalent, it is seen to be increasing in commonness.

Prevalence

It is widely understood that the family unit is changing, but the prevalence and quick increase of single parent families is also notable. Richter and Lemola (2017) found that, “Single parenthood is increasingly common in Western societies, with 27.5% of children in the US currently being raised in single-parent households—more than 80% of them in households headed by single mothers” (p. 1). This prevalence of single parent families has not, however, always been the case. Amato and Patterson (2017), found that “the percentage of children living in single-parent households in the United States has more than tripled since the middle of the 20th century” (p.253). The quick growth is impactful, and the prevalence of this family makeup is likely to continue and with an increase of single parent families, it is even more significant that counselors take into considerations the many ways that this impacts the children they counsel, as well as how they can best support them.

Mental Health in Single Parent Families

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Mental health within single parent families is another important aspect to consider. It has been found that children in single parent homes are two to three times more likely to exhibit emotional and behavioral problems (Maurya and Parasar, 2015). Parents may or may not know how to address the features of their child's mental health disorders, especially on their own. The parent who is trying to help their child handle their mental health is likely dealing with their own mental health challenges as well. Single parents are more likely to experience low mental health and overall wellbeing and specifically, elevated levels of distress, chronic stress, loneliness, and depression (Stack & Meredith, 2017). All of their mental health needs must also be factored in, even if the client being seen is the child. The mental health of the parent will greatly impact the child, as well as the providing and quality of services.

Barriers to Success

Single parent families each have their own barriers to engaging the child and the family in therapy. These barriers, specific to single parent families, may look different from the perspective of the parent and the perspective of the child. In order to effectively address these barriers and provide quality and effective services to the child, both perspectives need to be considered.

Perspective of the Parent

The barriers single parents face in regards to counseling directly impact the ability of a counselor to provide services to the child. One type of barrier that may present from single parents, are their attitudes towards counseling, specifically being involved in the counseling of their children. Haine-Schlagel, & Walsh (2015) state "examples of challenges include feeling blamed, judged, and not listened to by therapists, not feeling supported by the formal service system, and feeling dissatisfied with their children's mental health services in general" (p. 135).

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The attitude of the parent coming in to counseling or allowing their child to be counseled needs to be considered by the counselor as they support and serve the family and the individuals within the family.

Some of the barriers that single parent families face involve more basic needs. Single parent families are more likely to find themselves living in poverty, which can bring about its own set of challenges (McLanahan & Sawhill, 2015). This poverty is often assumed to be due to a lack of employment or due to a lack of effort. On the contrary, employment rates of single parents are quite high, however, the family is often surviving off of a single income (Stack & Meredith, 2017). With the parent working but still being challenged financially, many parents dedicate a lot of time to working to improve their financial condition. Thus, single parents often have less time to dedicate to investing in and supervising their children (Amato & Patterson, 2017). The limited amount of time they are able to dedicate is not typically due to lack of interest but often due to the many other responsibilities they have taken on their own. Maurya and Parasar (2015), describe additional struggles of single parents including, “expensive day care, shortage of quality time with children, balancing between work and home duties, and linked economic struggles are among seemingly endless problems that single parent families need to resolve” (p.1236). The financial burden on single parent families is also immense. Many children recognize the financial burdens of their parents, acknowledging that their parent has a tight budget and worries about money (Nixon, Greene, & Hogan, 2015). All of these stressors often lead to a hectic home environment in which they are trying to raise their children.

In addition to the challenges for basic needs that then impact the dynamics of the family, there are often barriers that also impact parents mental health. Added on to the plethora of other challenges, single parents are also less likely to receive social support (McArthur & Winkworth,

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2017). When not being supported socially, parents can experience more stress with a lack of an outlet or age appropriate peer relationships. The stress may also have to do with the cause of their single parenting. Many single parents are in their situation due to divorce, parental death, or permanent separation (Maurya and Parasar, 2015). The parent is then left to adjust to the difficult change in their lives and cope with their own stress, while also parenting their child through the challenging time. McArthur and Winkworth (2017) state, “social isolation and limited social ties have been found to be associated with an increased risk of child abuse and neglect” (p.638). Thus, the parenting of children in single parent families is not free of impact of their family structure.

The parenting skills of a single parent are also impacted by the barriers within the family. Single parents are often found using distorted or inconsistent behavior management techniques with their child, causing more stress on both the child and the parent and leading to the unintentional reinforcement of the child’s negative behaviors (Briggs, Cox, Sharkey, Briggs, & Black, 2016). Navigating reinforcement can be especially challenging when doing it alone. Without another adult to help them parent, it is also harder for the parent to be held accountable, causing parents to be without someone to help monitor their parenting skills (Maurya and Parasar, 2015). In addition to the various stressors parents are navigating, they are also having to help shape the behavior of their children seemingly on their own. Thus, the stress put on a parent in addition to searching for adult relationships is then difficult to try and balance with effective parenting techniques. The lack of attention to children, increase of stress, combined with a lack of support can then cause the child to develop behaviors different from children growing up in a dual parent household, and children have been seen to notice.

Perspective of the Child or Adolescent

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Children within single parent homes are also keen to notice the barriers them, their parent, and their family unit is facing. Research has found that children notice and report their parents to be lonely, stressed about having to do everything on their own, and desire to have a partner to help or provide support for them (Nixon, Greene, & Hogan, 2015). When the children are this aware of the stress of their parents, it is then going to impact their interactions with them, as well as their mental health and behavior. McArthur and Winkworth (2017) also find that in situations of a lack of support for the parent, the parent may then rely on the child for support. Children, however, are not meant to be the main support of their parents. When a child is taking on various roles which are meant to be held by adults, the boundaries between the parent and child are hindered which can then cause challenges in discipline (Nixon, Greene, & Hogan, 2015). These roles may go beyond acting as support for the parent, and extend into taking care of other children, facilitating communication between school and home, or helping ensure the basic needs of the family are being met. Regardless, the lack of relational peer support alone puts additional strain on the parent which can impact their parenting, as well as strain on the child which can then impact their behavior.

Ways to Address Barriers

In recognizing the various barriers facing parents, children, and family units within single parent families, it must also be acknowledged that there are ways for counselors to address and overcome some of these barriers in the ways they provide counseling to the child and the family. These barriers can be addressed in the techniques and approaches that the counselor integrates throughout services once they have a better understanding of the family system. Family counseling and community based services can all also help to address some of the aspects hindering success.

Family Counseling

By engaging the entire family in the counseling process, the family unit and the individuals within the system can benefit greatly. Doing this can be an important step in addressing the needs of the child. Part of family counseling may look like educating parents on how to effectively support the needs of the child while also helping them learn effective parenting strategies. Children are more likely to be able to change behavior before the age of 12 as the parent works to utilize their position of power and integrates effective reinforcements (Briggs, Cox, Sharkey, Briggs, & Black, 2016). During this time, children are continuing to learn behaviors through observation of others, especially those whom they trust. Parents are also more likely to be able to develop compliance within their children and modify behavior as the main authority figure in their lives (Briggs, Cox, Sharkey, Briggs, & Black, 2016). Acknowledging them as the authority can take place within the family counseling sessions.

Community Based Services

Within communities, services may be available to teach and implement various parenting techniques with their children and teach children how to work with their parent. One example of this would be communities offering emotional intelligence and coping skills being taught in community groups. Improved emotional intelligence and coping skills have also been found in children who engaged in emotional intelligence training (Motamedi, Ghobari-Bonab, Beh-pajooh, Yekta, & Afrooz, 2016). This training helps teach children skills that they may not have learned in their home environment. The training can also help provide children with means to face various stressors, as well as improve peer relationships in their lives (Motamedi, Ghobari-Bonab, Beh-pajooh, Yekta, & Afrooz, 2016). This can help children cope with stressors now and into the future. Without these skills, children have been found to have further behavior problems

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in childhood, both at home and in school (Motamedi, Ghobari-Bonab, Beh-pajooch, Yekta, & Afrooz, 2016). Overall, there is hope for children who are exhibiting undesirable behaviors.

Curriculum

Found in Appendix A, the developed curriculum was built taking into account the research around single parent families, and utilizing various counseling activities and resources already developed. The curriculum was not meant to be a “one size fits all” approach and should be adjusted based on the needs of each unique family, as well as the needs and ages of the individual members. “One size fits all” approaches may actually hinder the development of relationships in counseling settings as the personalities and needs of individuals are ignored in order to follow the curriculum (Porter & Keefe, 2017). Instead, this curriculum was made to be adjusted due to the needs of each member of the family and their family unit. For example, often times, single parents will take on the needs of their children and fail to meet their own needs (Stack & Meredith, 2017). Should the curriculum be begun with a family and it is apparent that the parent has not at all prioritized their needs, more of the activities may need to be directed towards the parent. Thus, the children would continue to learn from the prompting and modeling of their parent. Instead of having discussions support and validate the efforts of the children, it may be more beneficial for the children to validate and support the efforts of the parent.

Though each week of the curriculum presents with objectives, an introduction, main activity, discussion topics, closure, and suggested practice, the counselor should use their best digression to determine what is clinically appropriate for each individual family. The differentiation for those utilizing the resource may also impact the activities, the language, the duration of the session, the breaks needed, or the reinforcements given. The outlined curriculum is just one example of ways to support and counseling single parent families.

Conclusion

By examining the definition and prevalence of single parent families, their possible barriers to success in counseling, and ways to understand these barriers, counselors can better understand the challenges their clients face, as well as the strengths they possess. This research has led to develop an 8 week curriculum that can be utilized by counselors working with single parent families. Possible limitations to utilizing this curriculum could be the uniqueness of each family. Though the curriculum was developed with single parent families in mind, each counselor should consider their clients adjusting the curriculum to fit their needs. In the future, the effectiveness of this curriculum can be studied both qualitatively and quantitatively as it is used by single parent families in family counseling.

Author's Note

Throughout my career, it has become apparent to me that in order to serve clients that are children and adolescents, there is an influential need for parent or guardian involvement. Not only do they allow their child and our client to seek services, but they also help the client practice and develop their skills as well as progress in their development beyond their therapy sessions. As a counselor, it would be ignorant to believe that young clients will be able to develop and succeed in addressing their mental health needs if they are not being supported or encouraged outside of counseling. The challenge, however, is that although the families of our clients are extremely influential, we cannot control what the child's family system is like.

When children come from single parent families, the barriers they face increase as we as counselors work to provide services. There are, however, often other community resources available to the children and the parent, such as schools, which can help aid in addressing barriers of a single parent family. Should the counselor not address these situation specific barriers or utilize various resources, the child and family may not receive the support they need. By further researching this topic to continue my understanding, as well as developing a curriculum for children, youth, and families that are part of this demographic, I can continue to advocate for my clients. This advocacy will allow them to receive specific mental health services that take into account their unique family unit as they work to experience success individually and as a family unit, during their counseling sessions and beyond.

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Appendix A

Week One: The Family Team
Duration: 1.5 – 2 hours
Objectives of the Session: <ul style="list-style-type: none">• Being the first session, the children and the parent will get to know each other better through various activities in order to build confidence in sharing about themselves.• The parent and children will work together for a common goal.• The family team activity is meant to remind families of their cohesion as a team.• The counselor will observe interactions between the family members and point out observations in the decision making process.• The purpose of this week’s session is to address cohesion within the family, while celebrating individuals’ strengths.
Materials Needed: <ul style="list-style-type: none">• Skittles or M&Ms• Dixie cups• Construction Paper• Markers• Scissors• Large sheets of white paper• Exit Tickets• Optional: Stickers
Introduction:

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As an introductory activity, each member of the family will get a small cup of 10 Skittles or M&Ms. Based on the color of the candy, each member of the family will take turns sharing a fun fact about themselves. An example would be as follows:

- Red: A food you enjoy eating
- Orange: Something you would do more of if you had more free time
- Green: Something you are proud of yourself for
- Yellow: A song that puts you in a good mood
- Purple: A book or movie you enjoy

Note: This activity can be adjusted by handing out colored pom poms if the family prefers that food not be involved.

Main Activity:

After the introduction activity is completed, the family will gather around the craft supplies.

The counselor can introduce the topic of teams, asking the family members to talk about what they know about a team.

The counselor will present the idea that each family can operate as a team and during this session we will be celebrating their team. Together, the family will work to develop a team name, paper uniform designs, and come up with a team mascot.

Possible Topics to Discuss:

- Benefits of working as a team
- How team mentality is working in their family and areas it could improve
- Challenges that a team may face
- How challenges are faced when each team member acts alone versus together

Closure: Exit Ticket

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Each child and the parent will complete an exit ticket before leaving the session. On the piece of paper, the individual will write one strength of their family team, one wish they have for their family team, any concerns they have about being in family therapy, and anything else they think the counselor should know about their family team.

Note: If a child is too young to write but can contribute thoughts regarding strengths and goals of the family, the counselor will complete the exit ticket verbally.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can do something together as a team in the next week. Possible activities may include playing a game together, completing a chore around the house together, or making a meal together.

Resources: N/A

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Week Two: Noticing Emotions
Duration: 1.5 – 2 Hours
<p>Objectives of the Session:</p> <ul style="list-style-type: none">• The purpose of this session is to encourage each family member to acknowledge emotions they experience, as well as noticing emotions their family members experience.• This session will help to normalize and validate feelings of each member of the family.• The counselor will also work to encourage conversation that allows family members to validate the emotions of others and become more in tune to the emotions of their family members.
<p>Materials Needed:</p> <ul style="list-style-type: none">• Emotion Cards• 2 Dice• Whiteboard/Piece of Paper• Whiteboard Marker/Marker• Emotions/Feelings Chart or Wheel
<p>Introduction:</p> <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>Act it Out</p> <p>To introduce emotions and assess how much each person knows about emotions, the counselor will introduce the session with an Act it Out game. Each member of the family will take turns</p>

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drawing a card with an emotion on it and act it out to the family without using words. The family will guess until they correctly identify the emotion. After each turn, the counselor will prompt the family to describe how they were able to guess that emotion based on the body language of the person acting it out.

Main Activity: Dice Game

The counselor will begin by providing psychoeducation about the variety of emotions that people can experience, working to normalize the emotions people can experience.

On a whiteboard or piece of paper, the counselor will list numbers 1-6, each corresponding to an emotion from the list of emotions. Each family member will take a turn rolling one di and depending on their number, will describe something that causes them to feel that emotion. On the next round, they will describe what it feels like in their body when they feel that emotion.

The next round will involve them describing how others may know that they are experiencing this emotion. If the family is ready to healthily discuss and acknowledge emotions amongst themselves, a second list of numbers 1-6, corresponding with each member of the family, including extended family members or other friends when necessary. On their turn, one di will correspond to an emotion, and the other di will correspond to a member of the family. The person whose turn it is will describe how they know that person is feeling that emotion and what they do when they know that person is experiencing that emotion.

Note: If the family is not yet able to healthfully describe the emotions of others, eliminate the second part of the activity and just have each member describe how emotions relate to themselves.

Possible Topics to Discuss:

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- How does it look different when you experience these emotions in different places such as home, work, or school?
- How do the emotions you experience change based on other events that have happened during the day?
- What are some ways you work to get rid of difficult emotions or stay in positive emotions?
- What can others do to support you when you are experiencing these emotions?
- How does the family system function as one when each member of the family is experiencing different emotions?

Closure: Shout Outs

At the end of the session, the counselor will acknowledge a strength of the entire family, as well as a strength of each individual. The counselor will then invite each family member to give a shout out to a member of the family, as well as point out a strength of their own family.

Note: For families with small children, stickers may be used as reinforcements as well when pointing out strengths.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can work on noticing emotions between sessions. Possible practice work could include watching the movie *Inside Out* together and discussing emotions, or placing an emotion chart somewhere central to the family and each member of the family placing a sticker by the emotion they are feeling at some point during the day.

Resources: N/A

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Week Three: Stress and the Brain
Duration: 1.5 – 2 Hours
Objectives of the Session: <ul style="list-style-type: none">• The purpose of the session is to address the way we react when under stress.• Each family member will better how their brain makes decisions and causes them to take action.• In knowing the brain, the counselor can help the family to acknowledge that they, as well as other members of their family may handle things differently when experiencing stress.
Materials Needed: <ul style="list-style-type: none">• 5 Second Rule Game Cards or Cards with various topics of items to list (i.e. yellow foods, breeds of dogs, characters in SpongeBob, states that start with an M, etc.)• Timer• Image included in Appendix B• 3 Pieces of Paper, each labeled with one of the following: Thoughts, Feelings, Behaviors• Optional: Yarn• Optional: Paper and Markers
Introduction: <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>5 Second Rule</p>

The family will begin by playing a game together, which the counselor can introduce by describing that each member of the family will take turns, and on their turn, another family member will read a card that begins with, “Name three...”. Each member of the family will then have 5 seconds to list three things. As the game continues, the counselor will encourage discussion based on the observation that though everyone could list these things without a time limit, the time constraints cause us to not always be able to come up with answers.

Main Activity:

Tying the game to stress and emotions, the counselor will acknowledge that just like it can be challenging to come up with answers when under stress, we can also struggle to regulate or control our emotions when we are under stress. The counselor will provide psychoeducation about the brain and how it handles stress, using the characters Amy Amygdala (“The jumpy superhero”), Tex Pre-Frontal Cortex (The Smart Sheriff) and Hippo Hippocampus (The Librarian) (Bergstrom, 2017). The counselor will use these characters to communicate that when the amygdala is under stress, it does not seek wisdom from the prefrontal cortex or the hippocampus. When the brain is not under stress, the amygdala then consults the prefrontal cortex and the hippocampus to make wise decisions to handle situations.

The counselor will also use the characters to describe how the brain reacts to stress with fight, flight, or freeze. If visuals are helpful, the counselor can make lists titled fight, flight, or freeze, talking with the family to come up with actions that people may do to show that this is how they are handling stress.

With three pieces of paper, each labeled with one of the following: Thoughts, Feelings, and Behaviors, the counselor will make a triangle with the papers on the floor. If needed for the visual of the triangle, a piece of yarn can be used to connect the papers. The counselor will

then describe how all three of these things are connected, giving an example of seeing a large dog, labeling the thought (“That dog looks mean”), feeling (“I am scared”), which causes the behavior (I will run away from the dog). The counselor will then encourage the family to work together to walk through each of the three steps, specifically in regards to situations or thoughts that are impacting their family. Some examples may include thoughts of “My parent does not like me”, feelings of “I am overworked and tired”, or behaviors of refusal.

(Lowenstein, 2017)

Possible Topics to Discuss:

- Which do people notice the most: the thought, the feeling, or emotion?
- How can our family work together to help members of the family acknowledge each of the three parts of the triangle?
- How can we support each other when someone is under stress?
- What behaviors happen regularly in your family that you wish you could handle differently?

Closure: Family 5 Second Rule

The family will play the 5 second rule game again, except this time, they can use each other to come up with the three things that fit the topic of the card. The counselor can facilitate conversation regarding how these rounds were different when others could provide support and tie that into handling stress and emotions alone compared to handling it together.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can work on acknowledging their reactions between sessions. Possible practice could include, making up a story with the characters of Amy, Tex, and Hippo, displaying the characters

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around the house and talking about them during the week, taking home three blank lists labeled thoughts, feelings, and behaviors that the family can individually contribute to throughout the week, or each person writing down one time that stress impacted their decisions during the week.

Resources:

Bergstrom, C. (2017). Mindfulness and the brain made easy [Website]. Retrieved from <https://blissfulkids.com/mindfulness-and-the-brain/>

Lowenstein, L. (2017). Creative CBT interventions for children with anxiety [PDF file]. Retrieved from <https://www.lianalowenstein.com/articleAnxiety.pdf>

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Week Four: Coping skills
Duration: 1.5 – 2 Hours
<p>Objectives of the Session:</p> <ul style="list-style-type: none">• The purpose of this session is to address the ways each member of the family handles stress in order to develop healthier coping skills.• The counselor will work with the family to help ensure that the family feels like they can practice coping skills on their own.• The family will develop a plan in which they can help each other identify when they may be needing to use a coping skill.
<p>Materials Needed:</p> <ul style="list-style-type: none">• Paper• Markers• Paper Plates• Writing Utensils• Lists of copings skills (Optional: Pictures if that would be helpful)• Optional: Printed and cut out blank tools• Optional: Cupcake Cutouts• Optional: Ziploc bag
<p>Introduction:</p> <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>A lot on my Plate:</p>

Each member of the family will receive a paper plate, pieces of blank paper, and something to write with. On the paper, they will each write stressors they are experiencing. Based on their interpretation of the size of the stressor, they will then rip the paper to a corresponding size. For example, if the role of being a student is a large stressor, it would be written on a large piece of paper, while a stressor like waking up on time in the morning may be a smaller stressor. As each member writes, or draws if that is more appropriate, their own stressors, they can fold them and put them on their paper plate. Once everyone has written some of their major stressors, the clinician will prompt each person to hold the paper plate filled with paper pieces in the air, acknowledging that it can be heavy to carry all of those stressors alone. The clinician will then prompt others to come together to help lift each other's plates, acknowledging that it is often easier to carry stress when you are being supported by others.

Main Activity: My Tools/Our Tools

The counselor will transition to the session by acknowledging that each member of the family has a lot on their plate. A metaphor to using different tools to fix a house or make it sturdier would be used to describe how we can handle stress better when we use a variety of tools. The counselor will prompt the family to talk about ways they handle stress right now. In doing so, the counselor will gather information of possible barriers to success for the coping skills that are not working, as well as commonalities of the coping skills that are working currently. For each coping skill that a member of the family finds successful, they will write it on a tool and place it in the family tool bag. The counselor will then allow the family members to select other tools they think could help them. When necessary, the counselor will teach the members of the family an appropriate coping skill. Possible age appropriate coping skills are as follows:

Children:

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- Cookie Breathing: breathing in as if you were smelling cookies fresh from the oven (Lowenstein, 2017).
- Counting down from 10
- Spaghetti Stretch: making your body tight like an uncooked spaghetti noodle, counting to three, and then loosening your body like a cooked spaghetti noodle (Davis, n.d.).
- Drawing a picture

Anyone:

- Going for a walk
- Talking to a friend
- Asking for a hug
- Stress Press: Press your palms together as hard as you can for 5-10 seconds and release (Davis, n.d.)
- Grounding: Think of 5 things you see, 4 things you can touch, 3 things you can hear, 2 things you smell, and 1 thing you taste.
- Journaling
- Take a nap
- Use a fidget
- Yoga

Note: Tools can be substituted for cupcakes and a collection of “Copecakes” can be built (Davis, n.d.). Additionally, if the family is made up of members who are old enough to use fewer literal materials, lists can be developed instead of tools or copecakes.

Possible Topics to Discuss:

- What skills are you already using that help you to calm down?
- What skills are you trying but not seeing success in using?
- Why is it important to have skills we can use when we are not feeling regulated?
- What challenges may we face in trying to use these skills in our day to day life instead of just doing them in counseling?
- How can we practice these skills with people? How can we practice them alone?
- How can others help us to remember to use our coping skills?
- Why might someone else's coping skill not always work for us when we are not regulated?

Closure: Family Handshake

The family will work together to develop a hand signal or handshake that is part of their team.

This hand signal can be used to encourage, as well as help someone acknowledge that they may need to take a break and use a coping skill. The family will engage in a role play of someone (preferably the parent for this example) experiencing a difficult emotion, and the family using their handshake or hand signal to alert them to take a break or use a different skill.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can work on using coping skills between sessions. Possible options for practice work would include practicing one coping skill every day as a family, talking together as a family about what skills worked for you during the day, or "super spy." An option for practice work may be "super spy" in which each member of the family is secretly assigned another member of the family. At some point between sessions, each person will take note of a way that the other

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person healthfully handled stress with a tool during the week. Upon the start of the next session, the clinician will read off each person's observations, not revealing who wrote it. The clinician will prompt each family member to share who they thought their secret spy was and why they thought that. The secret spy will then reveal themselves.

Resources:

Davis, P. (n.d.). The coping skills toolbox [PDF file]. Retrieved from <https://www.bcbe.org/cms/lib/AL01901374/Centricity/Domain/1760/Coping%20Skills%20Toolkit.pdf>

Lowenstein, L. (2017). Creative CBT interventions for children with anxiety [PDF file]. Retrieved from <https://www.lianalowenstein.com/articleAnxiety.pdf>

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Week Five: Family Roles
Duration: 1.5 – 2 Hours
<p>Objectives of the Session:</p> <ul style="list-style-type: none">• The purpose of this week’s session is to address the unique role that each member plays in the family.• In doing so, the counselor should help the family to acknowledge how their need for each different person in the family, as well as the importance of their own role.• Family members should be encouraged to acknowledge how their unique role has caused them to develop possibly unhealthy roles within their family.
<p>Materials Needed:</p> <ul style="list-style-type: none">• Balloons• Family Roles Sheet (Appendixes C and D)• Optional: Stickers
<p>Introduction:</p> <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>Balloon Balance:</p> <p>Each member of the family will stand in a circle. The counselor will begin by giving the group a balloon and instructing them to work together to keep it in the air. As the family continues to do this, the counselor may add another balloon, helping the family acknowledge that it is trickier with two balloons. After the family has practiced that for a short while, the counselor will stop the group and remove the balloons. Each member of the family will then</p>

be given a role or a restriction to their abilities in the activity. Examples may be that one person can only use one hand, someone can only use their feet, or another person cannot move from their current spot.

Note: Roles and instructions given to each member of the family should be appropriate to their ages and ability levels.

Main Activity:

The counselor will help the group process the activity of each person having a role, noticing challenges and strengths in everyone doing something different. The counselor will then educate the group in regard to typical familial roles with the handout provided in Appendixes C and D. After the roles are introduced, the counselor will assign a role to each member of the family as they act out a scenario. For example, one person will stand on a chair, towards the edge, with their hands in the air. The assigned “enabler” will focus all of their attention on the person who looks like they may fall. The assigned “Hero” will hold their arms as if they are flexing their muscles, facing the crowd, and cannot move. The assigned “Scapegoat” will wave and shout to get the attention of everyone else, attracting attention from the hero and the enabler. The assigned “lost child” will stand away from everyone else while covering their face.

Once the situation has been acted out, the counselor will prompt the family members to talk about the ways in which they are similar to and different from their assigned role during the scenario.

(Unknown, 2013)

Possible Topics to Discuss:

- What role do you think you play in your family?

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- In what ways do the roles you play make you proud of yourself?
- What would make it challenging for you to continue to play that role for your family?
- If you went to bed tonight, and tomorrow when you woke up, your relationship with _____ was better, how would it look?
- What do you notice about the roles each of your family members is carrying?

Closure: Family Role Map

Together, the counselor will help families complete a Family Role Map, giving each member of the family their own paper. Together, the family will decide what roles and responsibilities belong to each person and write it on their map. Roles and responsibilities should include earning money for the family, providing meals, cleaning up after themselves, regulate themselves, communicate their wants and needs to others, etc.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can work on their role between sessions. Possible practice may include, providing stickers for members of the family to put a sticker on the family role map next to roles they notice each other doing well. Other possible practice may include journaling about a role that they stepped into or a role that they stayed away from, or playing a game or cooking a meal together at home in which each person has a pre-assigned role and then discussing how each member contributed to the whole.

Resources:

Lowenstein, L. (2015). Therapy technique: A lot on my plate by Liana Lowenstein [Video File]. Retrieved from https://www.youtube.com/watch?v=j9JA_2YMOD0

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Unknown. (2013). Family sculpting: Family dynamics group activity [Website]. Retrieved from <http://angiespellerlmhc.blogspot.com/2013/09/family-sculpting-family-dynamics-group.html>

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Week Six: Rules and Directions
Duration 1.5 – 2 Hours
<p>Objectives of the Session:</p> <ul style="list-style-type: none">• The purpose of this week’s session is to address the importance of rules and consequences within a family.• The activities are designed to encourage each member of the family to acknowledge what it feels like when they are not being listened to.• The counselor will also work to facilitate conversations around the purpose and importance of rules.
<p>Materials Needed:</p> <ul style="list-style-type: none">• Paper• Markers• Hands on manipulatives of varying sizes or colors• Optional: Post it notes
<p>Introduction:</p> <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>On a piece of paper, the counselor will have pre written, “please do not follow the directions given.” The counselor will secretly give the piece of paper to the parent before the introduction activity starts. The family will then sit in a circle, facing away from each other, each haven been given the same sets of manipulatives. The counselor will assign a leader (different than the parent). The leader will give directions of how everyone else should be arranging their</p>

manipulatives. For example, they may say, “Put the red block on bottom, and the yellow block on top of the red block. Next to those blocks will be the purple block.” When the instructions are done being given, the family members will turn around and see how they turned out. The family can continue to play, assigning a new leader each time and also assigning a new person to not follow directions each time. The counselor should encourage conversations surrounding the importance of rules, as well as coaching others to use feeling words when explaining to others how they feel when they are not listened to.

Note: If that activity is not age appropriate for all members of the family, family members can team up and complete the activity. If the activity is still not age appropriate, a game of Simon Says can be played to encourage a discussion around following directions.

Main Activity: Land of No Rules

The family is broken up into groups of two. Each pair is instructed to create a picture of a land with no rules and no leader. The group will also be asked to explain how a member of this land would go about their day to day life, including their thoughts, feelings, and behaviors. As the group shares out to the rest of the family, the counselor can prompt with the following questions:

- What is it like in the Land of No Rules?
- How safe do the children and adults feel if everyone around them does whatever they want?
- What happens when no one is in charge?
- What problems arise when there are no rules?
- How do parents feel when they may not know where their children are or what they are doing?

Next, the counselor will facilitate a discussion around the importance of some rules and what their intended purposes are.

The family will then create in their pairs, a picture of what it would look like in the Land of Important Rules. The counselor can prompt each group to share about how a member of this land would go about their day to day life, including their thoughts, feelings, and behaviors.

(Lowenstein, 2010)

Possible Topics to Discuss:

- What feelings do you experience when someone gives you a rule?
- How are those feelings different when the person assigning the rule is someone you care about or you know cares about you?
- How are those feelings different when the person assigning the rule is someone you do not believe cares for you?
- How do you feel when you are asked to follow a rule that you do not agree with?
- What are the purposes of those rules?

Closure: Our Family Rules

Together, the family will develop a list of at least 3 family rules that they can all agree upon. Each family rule will also be discussed as to whose responsibility it is to uphold the rule, as well as how it should be handled if the rule is not being followed. The family rules will be created into a document and signed by each member so it can be displayed in the family's home.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family

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can work on acknowledging rules and following directions between sessions. A possible practice the family could engage in is providing a sticker chart that is used every time a member of the family acknowledges an emotion which they are feelings when they are not being listened to or they are not wanting to follow a direction. Other possible practice may include each member taking note of a law or rule that helped them feel safe during the week or each member getting two post it notes to write down two times they noticed a family member following a rule or direction.

Resources:

Lowenstein, L. (2010). Family therapy techniques [PDF File]. Retrieved from <https://www.lianalowenstein.com/e-booklet.pdf>

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Week Seven: Healthy Relationships
Duration: 1.5 – 2 Hours
<p>Objectives of the Session:</p> <ul style="list-style-type: none">• The purpose of this week’s session is to address what makes healthy relationships, allowing each member of the family to reflect on healthy and unhealthy relationships in their own lives.• The counselor will help facilitate conversations that allow members of the family to acknowledge their similarities and differences, as well as ways to work together.
<p>Materials Needed:</p> <ul style="list-style-type: none">• Masking Tape• Value Sorts for each member of the family• Poster Board• Markers• Jar Outline• Blank stationary cards for each member of the family• Optional: Stamps
<p>Introduction:</p> <p>The session will first begin by reviewing the at home practice from the previous week as the counselor facilitates conversation, asking each member of the family to reflect on the practice. Once that has wrapped up, the introduction activity will begin.</p> <p>That’s Me Too</p> <p>The counselor will place X marks on the ground in masking tape in a circle, one less X than the number of people total. One member of the family will start in the center of the circle,</p>

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sharing something they like, dislike, or value. Once they say the statement, everyone standing on the outside of the circle who also feels that way will say “that’s me too!” and move from their X mark to another X mark. If they cannot find another X mark, they will then be the person in the middle of the circle. The counselor will facilitate conversation regarding the feeling of others being similar to them, as well as feelings when no one related.

Main Activity: Value Sort

Each member of the family will receive a stack of values and be asked to rank them from most important to least important, making sure that others cannot see their sort. The counselor will then invite each member of the family to share their sort, pointing out similarities and differences.

The counselor will then title a poster board with Healthy and Unhealthy, asking the family members to each contribute things that they think make a healthy versus unhealthy relationship. Once the lists are created, each person will then be given an outline of a jam jar. Within the jar, they will list the recipe to healthy relationships in their lives. Some possible components may include “is kind to me” or “helps me”. The counselor can then invite each member of the family to share their recipe, asking each member of the family to define the terms they used in their own words.

Possible Topics to Discuss:

- Which relationships do you feel have similar values to you?
- Which relationships outside of your family do you feel are healthy?
- Why would you consider these relationships healthy?
- Which relationships outside of your family do you feel are unhealthy?
- Why would you consider these relationships unhealthy?

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- How do others know what your recipe for healthy relationships is?
- What happens when you notice a relationship is unhealthy?

Closure: Thank you

Each member of the family will be given a thank you note that they can use to thank someone who they can identify as a healthy relationship. They will be given time to write a thank you note that they can deliver outside of the counseling session. The counselor will facilitate conversations regarding the process of writing out why you are thankful for someone.

Possible Practice Work:

In order to continue the work at home, the clinician will seek input on ways that the family can work on fostering healthy relationships between sessions. Possible practice could include contacting someone who they consider to be a healthy relationship outside of the family, attending a social event with people who are interested in similar things or part of a similar group, or asking someone new to spend time together based on similar interests or common values.

Resources: N/A

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Week Eight: Closing Celebration
Duration: 1 – 1.5 Hours
Objectives of the Session: <ul style="list-style-type: none">• The purpose of this session is to celebrate all of the growth that the family has experienced during their family therapy sessions• Through the celebration and activities, the counselor will work to empower the family system to continue to use all that they have learned and worked on outside of therapy.• The counselor will also work to make sure that strengths of the parent, each child, and the family system are highlighted.
Materials Needed: <ul style="list-style-type: none">• Deck of Cards• Question Cards• Poster• Markers• Construction Paper• Scissors• Glue• Certificates• Game Plan Form (Appendix E)
Introduction: Card Questions <p>With a deck of cards and a stack of question cards face down in the middle of the group, the family will gather together. On their turn, each person will draw a card from the deck. If the</p>

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card is red, they will answer a question card they draw from the stack. If the card they draw is black, they can ask the question of another member of the family. If the card is an Ace, they can ask someone in the group for a hug, high five, or handshake. The game will continue until each member of the family has drawn a number of cards from the deck, predetermined by the counselor based on the number of members in the family. Question cards should be adjusted based on the ages of the family.

Possible Questions Include:

- What is your favorite memory with _____?
- What is a way that you and _____ are similar?
- What is a way that you and _____ are different?

Main Activity:

Returning to the first session's theme of the Family team, the counselor will develop a "Team Highlights" Board. Each family member will write one strength, area of growth, or success for themselves, each individual member of their family, as well as their family system as a whole. The family will work on this during the session, as well as determining where the poster will be displayed in their house going forward and how they can add to it in the future. During the activity and after, the counselor will work to facilitate conversation around the family therapy that has taken place, as well as how to go forward.

The counselor will present each member of the family with a certificate, highlighting a strength noticed during the past 8 weeks, as well as a certificate for the family as a whole. The presentation of these certificates will involve a large celebration, acknowledging the family's hard work.

Possible Topics to Discuss:

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- How has our family grown in the past 8 weeks?
- What is something you are proud of your family for doing over the last 8 weeks?
- What is something you are proud of yourself for doing over the last 8 weeks?
- What is your favorite new thing about your family?
- What is something you have learned about yourself?
- What is something you have learned about your family?
- What are you most excited for you family going forward?
- What concerns or questions do you have completing therapy as a family?
- What is a hope you have for your family continuing on without therapy?

Closure: Game Plan

The counselor will facilitate discussions to develop a plan of action for the family, should the experience various stressors or need to ask for help. This will all be documented into a “Family Game Plan” that can be displayed in the house. Possible things to include would be, “When I notice myself or my family doing _____, I will _____.”, “Someone I will contact if I am struggling is _____”, “A coping skill I can use when feeling stressed is _____.”

Resources: Lowenstein, L. (2010). Creative family therapy techniques: Play and art-based activities to assess and treat families [PDF file]. Retrieved from <https://lianalowenstein.com/articleFamilyTherapy.pdf>

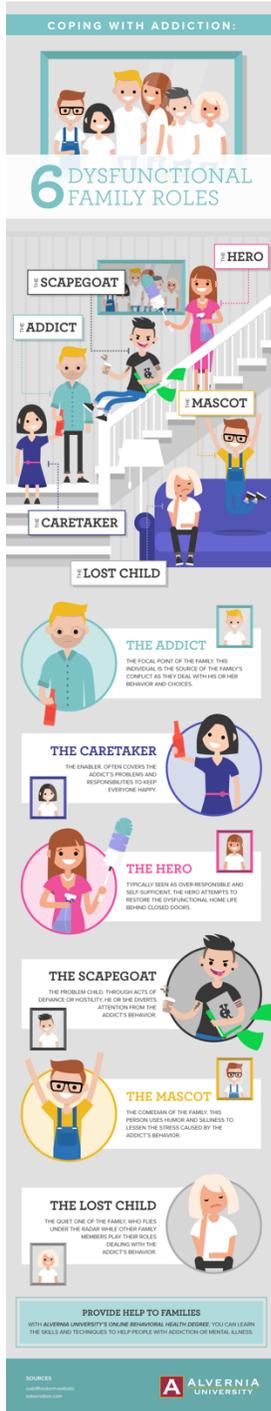
Appendix B



Bergstrom, C. (2017). Mindfulness and the brain made easy [Website]. Retrieved from <https://blissfulkids.com/mindfulness-and-the-brain/>

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Appendix C



Alvernia University (2019). Coping with addiction: 6 dysfunctional family roles [Website].

Retrieved from <https://online.alvernia.edu/infographics/coping-with-addiction-6-dysfunctional-family-roles/>

Appendix D

FAMILY ROLES

IN ADDICTION

The Addict
A person suffering from active addiction uses substances as a means of coping with difficult emotions or circumstances.

The Enabler
This family member tries to protect the addicted person from consequences and pain. This often occurs to the enabler's own detriment.

The Hero
These role players tend to be the "star" of the family, and achieve high levels of success and accomplishment.

The Scapegoat
In the face of another family member's addiction, scapegoats tend to become directly defiant, acting out in unhealthy ways for attention.

The Mascot
Mascots use humor to diffuse the tension and pain caused by the presence of addiction.

The Mediator
In this family role, individuals act as go-betweens to other family members.

The Lost Child
The primary defense against the chaos of addiction for the lost child is invisibility, and thus the lost child gets forgotten within the family.

THE RECOVERY VILLAGE

The Recovery Village (2019). Family programs [Website]. Retrieved from <https://www.therecoveryvillage.com/treatment-program/family-program/#gref>

Appendix E

Game Plan

Team Name:
Date:
Our family's goal:
Something I will work on to help my family reach their goal:
When I notice myself or my family doing: I will do this to acknowledge and support them:
Someone I will contact when I am struggling is: A way that I can let someone know I am struggling is:
Two coping skills I can use when feeling stressed are:
To celebrate the success of my family, I will: