



Outcomes of the Explicit Affective Practice

A report of the evaluation of the family support and counselling activities provided by the Goulburn Family Support Service. Completed June 2012.

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Executive Summary

The Goulburn Family Support Service Inc. (GFSS) is a non-government organisation which offers a whole family approach to resolve conflicts arising from any issue. With limited resources they counsel an average of 135 new cases per year in the Goulburn region. Clients are largely self-referred (50%) but are also referred through law enforcement and child protection agencies, schools and health care. A third of their clients are affected by drug and alcohol abuse and more than half by domestic violence. Approximately 40% are high need cases.

Over the past decade they have developed and adopted a unique practice, Explicit Affective Practice (EAP), which is a fusion of Tomkins' Affect Script Psychology and a restorative justice model. Restorative justice aims to give the victim an opportunity to tell the perpetrator how their actions impacted upon them and an opportunity for the perpetrator to show remorse and empathy for the victim. In line with the organisation's learning ethos, the GFSS wanted to measure the impact they have had in clients' lives over the medium-long term.

A **logic model mapping** the process and expected outcomes of the EAP was developed as a foundation for the evaluation from existing documentation and discussions with the staff, management committee and stakeholders. Overall, the observed **outcomes largely substantiated** the outcomes expected by the GFSS staff and committee, with minor revisions to the model being made on the basis of data collected from former clients and referring agencies. The final version of the model is shown in Figure 2.

Representatives from **referring agencies** described the results of the GFSS practice as reduced domestic violence and family conflict, reduced recidivism, and improved performance of primary school students. Referring agencies rarely monitor the outcomes, however, and assume that if they don't see the cases again the intervention has worked. Forty-three per cent of referred clients engaged in 5 or more sessions, which is considered adequate to effect behavioural change. All agencies mentioned that client's had to be motivated to change and that the intervention during a crisis was not conducive to learning. It is **recommended** that opportunities to work with these agencies will increase their understanding of the practice and the potential benefits for mutual clients.

A case study of a school pilot program, conducted 3 years ago, was also included in the evaluation. This found that for the 7-8 age group the practice was effective for the brighter, more advanced students. Based on feedback from the principal and teacher, it is **recommended** that the school pilot program could be tailored for two age-groups with an emphasis on understanding emotions and behaviours for the 7-8 age group and an emphasis on resolving conflicts for the 10-11 age group. Running the second program with the same cohort of students would effectively revise the knowledge to increase the likelihood that students would benefit from the learning in the long-term.

Former clients were invited to participate in a mailed survey; additionally, interviews with a sample of former clients were conducted either face-to-face or over the phone. Questions were asked to assess clients' experiences of each component of the practice, new learning, behavioural changes and longer term outcomes. Eighty per cent of evaluation participants **reported positive outcomes** and largely attributed this to the counselling they attended at the Goulburn Family Support Service. This result compares very favourably to similar services which found modest improvements in relation to parenting and family functioning (Clark and Cheers, 2005; Katz et al. 2010; Layzer *et al.* 2001).

EAP was **most effective where** clients sought support for:

- resolving family/relationships conflict,
- families affected by marriage break-downs and separation,
- family members affected by another's mental illness, gambling or drug and alcohol abuse,

- parents coping with their children's behaviour,
- helping younger children to understand their emotions and control their response to tension and conflict, and
- adults to control their substance abuse (6.1.5), where they are motivated and can attend the service for revision and follow up support.

A primary aim of the service is to **provide clients with new knowledge and skills**. The evidence from the surveys and interviews substantiated the effectiveness of the EAP in providing people with knowledge and skills to experience better and more peaceful relationships. Most clients reported that the EAP increased their capacity to understand their own and others' feelings and behaviours, the impact of their behaviour on others and to safely point out the impact of others' behaviour.

Through this understanding people could:

- start to control their behaviour and choose their response,
- view conflicts through a different lens and feel less hurt by others behaviour, and where appropriate work out what needs to happen to 'make things right'.

There was evidence that **some clients need revision**, after they have dealt with their crisis, to make significant and permanent changes not only to behaviour but more profoundly to damaging scripts that trigger their responses. A number of suggestions were made by clients in relation to accessing the service and educational materials and courses including:

- specialised courses for managing teen behaviour,
- short, evening course for former clients to refresh and expand their knowledge,
- use role play to practice the skills,
- produce a video instead of booklets, and
- open the service at least one evening per week for working parents.

Client feedback suggests that the counsellors have very good skills and **can engage most people**. GFSS works with whole families for all issues, including domestic violence. Principles for 'fair process' ensure that both sides of the story are heard. However, for some clients the process of exploring their underlying emotional scripts is challenging, and some clients take much longer to trust enough, to be vulnerable and honest about their memories and triggers for their behaviours.

For some clients the emotional release from talking about their problems with a counsellor was the most important component, as an alternative to burdening family or friends. It appears that talking helped clients understand their behaviour and that of others, and in some cases provided 'answers' to explain why their crisis had occurred.

There was some evidence that some clients, who are looking for a more 'conventional' style of counselling, may be put-off by the process of going through the theory of Affect Script Psychology. The process provides a guide for the counsellors to give clients access to the knowledge and skills in plain English. However, some flexibility may be required in cases where the process is not meeting client expectations.

Analysis of clients' responses highlighted **some opportunity for improvement** (cf. section 6.3.1) including:

- agreement between counsellor and client to the expected outcome for the counselling and for each session at the outset,
- using age appropriate visual aids, referring especially to the cards depicting bears, and
- discussing with the client their reasons for resistance to the process and adjusting the counselling accordingly.

It appears that the practice **is less effective** in creating behaviour change where:

- parents were seeking to change the behaviour of rebellious teenage children, and
- mental health issues confound the individual's ability to learn new ways of dealing with their emotions and interactions with others.

There was little evidence that the intervention had led to changes in the occurrence of physical domestic violence, and or in homelessness. However, the service may well have many successes that were not captured in this evaluation. GFSS contributes to preventing homelessness by reducing the family conflicts that may eventually lead to estrangement of a family member. In that sense, it is a secondary outcome, and it would be conjecture to make a direct attribution to the counselling. The impact of the service on these issues may require a study focussed on a single issue or, in the case of DV, collaboration with agencies to monitor recidivism.

1 Background

1.1 *History of the service*

Goulburn Family Support Service Inc., GFSS, is a non-government organisation, managed by a community committee which was originally established thirty years ago to address the needs of disadvantaged families in the Goulburn region. The organisation's mission is “to support the development of the family through competence, increased options, independence and community participation by co-ordinating resources and providing opportunities, information and education according to each person’s need.” The expected impacts of this mission are to improve family relationships and parenting skills, and to reduce the risk of domestic violence, the risk of harm to children within the families, and the risk of homelessness for all family members.

Over the past decade the Service has undergone a significant cultural shift to become a learning organisation, and has developed an explicit methodology for their practice. They ran a domestic violence project in 2000 with the pioneers of ‘Restorative Justice’ (RJ) and recognised that these practices could improve the agency's response to families, particularly as they found the majority of families came to the service to resolve conflict, stop the violence and improve relationships. Restorative Justice is “a way of redressing wrongdoing” (Zehr, 2012). The underlying assumption is that harmed relationships create a need and an obligation to “put right” the harms; this is a just response” (Zehr, 2012). “A just response: acknowledges and repairs the harm caused by, and revealed by, wrongdoing (restoration); encourages appropriate responsibility for addressing needs and repairing the harm (accountability); involves those impacted, including the community, in the resolution (engagement)” (Zehr, 2012). In Australia, RJ was pioneered by Terry O’Connell and others in Wagga Wagga NSW, during a trial with young offenders external to the court system. RJ has been acknowledged as an innovative approach worldwide, as noted by the President of The American Society of Criminology (Sherman, LW 2003).

After some research GFSS found that Affect Script Psychology (Tomkins, S) could explain why the restorative justice model worked and they incorporated the theory into their practice. The staff of GFSS were introduced to Tomkins’ work at a restorative justice conference in 2000; it is not well known in Australia, however. The Tomkins Institute holds international conferences and many of its members use Tomkins' theory in clinical practice (www.tomkins.org). GFSS also incorporated the Social Window of Control, a more widely known counselling tool (Baumrind, 1991). It advanced the idea that being restorative was about doing things WITH people, rather than TO them (punitive) or FOR them (permissive) (McCold and Wachtel, 2012).

The GFSS called their unique methodology ‘Explicit Affective Practice’. In its current form, the practice has been in use since 2004/5 and has received positive feedback on client and agency evaluation sheets. In line with the learning organisation ethos, the GFSS wanted to measure the impact they’ve had in clients’ lives over the medium-long term.

1.2 *Tomkins’ Affect Script Psychology*

Goulburn Family Support Services’ practice is based on Tomkins’ Affect Script Psychology, principally as interpreted by Don Nathanson (1992). It is one of several biologically based emotion theories. Tomkins observed nine biologically innate affects and proposed that these were the foundational causes of “psychologically and socially constructed emotions,” and that can often define behaviour. The nine affects comprise two positive affects (that feel good), one neutral (that resets our emotions and attention) and six negative (that feel bad). Each innate affect has a specific neural trigger,

feeling, and facial expression described in Table 1. The two-word names of affects show a range of intensity.

Table 1: Innate Affects and Displays

	Affects	Facial/physical display
Positive	Interest-excitement	Eyebrows down; track, look, listen
	Enjoyment- joy	Smile, eyes bright; may laugh
Neutral	Surprise-startle	Eyebrows up, eyes blink; eyes wide; sudden inspiration; “Oh!”
Negative	Fear-terror	Frozen stare; skin pale, cold, sweaty; hair erect
	Anger-rage	Generalized muscle tension; clenched jaw, frown; scream of rage, red face
	Distress-anguish	Arched eyebrows, sobbing, wailing, tears, red cheeks; corners of the mouth down; flailing arms and legs
	Dissmell	Upper lip raised; head drawn back. “Ewww!”
	Disgust	Lower lip lowered and protruded; head forward and down
	Shame-humiliation	Eyes and head averted; shoulders slump; blush.

Adapted from Donald 2004.

Tomkins’ theory helps us to understand people in the context of their own life experiences, family, and culture, including behaviours that do not initially seem to make sense. A summary of the main points is given in Box 1 to explain how the theory is involved in the development of emotions and behaviours, and its importance for helping change emotional scripts and behaviour.

Box 1: Main points of Tomkins’ theory relevant for EAP counselling (pers. comm., Dr S. Deppe)

Summary of relevant points:

- Nine innate affects (biological emotion programs) bring things to our **attention** and **motivate our behaviour**. Nothing becomes **conscious** unless made important by affect. Affects amplify anything with which they are linked. They make it important.
- Any affect can amplify any affect, drive, or other mental content. Affects can be combined.
- Affect links stimulus and response. Affects are analogues of their stimuli, e.g., *surprise-startle* is sudden and short, as is its trigger.
- Affects provide communication without language. Affects are contagious. We mimic and resonate with affect around us unless we put up a mental empathic wall.
- Affects in adults usually have multiple causes: Innate trigger, stressors, illness, drugs, scripts, etc. Many things can change the affect system: Illness, fatigue, drugs, hunger, stress, etc.
- Understanding innate triggers is useful. *Distress-anguish* is triggered by overload and *anger-rage* by extreme overload. (Think of hungry, tired children.)
- Innate affects link with life experiences to form scenes.
- Emotion is feeling an affect + memory of experience of that affect. Emotion is biology + biography.
- **A primary task of parenting is to teach children to modulate and express innate affect according to the rules of their culture and family.** To grow up healthy, a child must be exposed to, and helped to tolerate, graded doses of negative affect.
- From birth we try to predict and control our lives, to get more positive and less negative affect. As we go through life, affects are triggered and learned triggers accumulate. A child bitten by a dog, and feeling distress and fear, may develop a fear of dogs. A one-year-old who has previously had shots will cry at the sight of a doctor and needle. He has linked prior affect-laden scenes together (psychological magnification), forming a script.

- Repeated and intense scenes are bundled together and we form **scripts**, powerful emotional rules, to manage them. We are not usually aware of our scripts. Most of life is managed by scripts. Some scripts are accurate. Some are distorted; we may try to fit new events into old rules.
- Some scripts are helpful, e.g., courtesy. This varies with the situation and context.
- Some scripts are harmful, e.g., becoming violent when feeling shame or rejection.
- Personality is the pattern of scripts usually used by a person.
- Scripts can be strengthened or weakened by life events or therapy.
- People can learn to observe affects and scripts in themselves and others.
- The effect of any cause on scripts is determined by what came before and what comes after. Whether an event changes my life will depend on what came before and what comes after. If I am mugged, do I shrug it off, carry pepper spray, hire a bodyguard, or move to a new city?
- Outcomes for two people after a similar trauma may be very different, depending on many factors. (This explains the power of many of those variables in the resiliency literature!) What other assets and liabilities and resources were there, e.g., innate temperament and vulnerabilities; other loving adults and mentors; physical or mental illness or strengths; talents or skills that enable one to develop self-esteem?
- Outcome also depends on what follows: Did someone support and believe a child when she reported an incident of abuse? Was she re-traumatized in a similar way at any time after that? Did she find good friends and healthy adults and activities to help self-esteem? Did she find a support system or find meaning in working to prevent that particular societal ill?

Some of the scripts by which people handle affects, especially shame, cause grave problems. (Nathanson, 1992). Innate shame is triggered by any partial impediment to the expression of one of the positive affects, and often, by a glitch in affective resonance with others. Shame affect itself decreases positive affect. Early in life, it links tightly with self-esteem. When we later experience failure, rejection, insult, or embarrassment, we tend to go to certain groups of scripted responses without thinking. Nathanson calls these the Compass of Shame (See Figure 1.) We may engage in *withdrawal* (fall silent, leave the room, leave therapy or a relationship). We may *attack self* by negative self-talk, engage in self-hurting behaviour, or attempt suicide. We may try to distract from shame, or cover it up with excitement, by going to the *avoidance* pole of the Compass (substance abuse, machismo and sexual acting out, obsession with achievement, money, or social class). Or we may *attack other* (bullying, emotional, physical, or sexual abuse, and violence). (Note: All behaviours and disorders are complex and have multiple causes, including genetics, biology, trauma, chemicals, scripts and learning. For example, not all suicides are caused by shame.) Often anger is really about shame. Shame is a key factor in rudeness, drug abuse, domestic violence, child abuse, and other problems that bring people to GFSS.

The healthy response to shame, of course, is to tolerate its discomfort, soothe myself, acknowledge any responsibility I might have for hurtful or inappropriate behaviour, remind myself that I am still a good person, and learn from the experience. However, that mature response is not easy! Learning it requires a supportive environment and a lot of practice. If not learned from family early in life, it may be learned in counselling. Figure 1 shows the Compass of Shame. Phase two of the EAP aims to provide clients with an understanding and awareness of their harmful scripts and how they might choose to react differently to shame. A list of feelings related to shame appears in [Appendix 11](#).

Figure 1: Compass of Shame (adapted from Nathanson, 1992)



1.3 *Tomkins-Kelly Blueprint for wholesome relationships*

Tomkins' Blueprint posits that because we have an affect system with some affects that feel good and some that feel bad, each human is motivated to maximise positive affect and minimise negative affect. Both of these actions work best when all affect is expressed, and anything that helps the performance of these three rules is good for human life; anything that interferes with them is bad for us.

Dr Vernon Kelly built upon Tomkins' Blueprint to suggest rules to build and maintain intimacy in relationships, which are: sharing and maximising positive affect, sharing and minimising (processing) negative affect by telling your story, and allowing affect and emotion to be expressed. Anything that enables the above to happen (e.g., counselling) fosters intimacy. Anything that interferes (e.g., excessive shaming of a spouse) is bad for intimacy. The Restorative Questions enable clients to share and reduce their negative affect, increase positive affect and create a dialogue for the continued expression of affect, and eventually for behaviour change.

Nathanson applied the same Blueprint to communities, and it is relevant to schools and other groups. We are wired to want to share and increase positive affect (e.g., group celebrations of goals reached, such as graduations); share and metabolize negative affect (e.g., comfort each other in grief); and if there are safe places for affect to be shared, people can build community. Anything that helps the first three builds community; anything that hinders them damages community. (Contrast a police state of fear and suspicion with a safe and open society where neighbours often see each other.)

1.4 *The Explicit Affective Practice*

The Explicit Affective Practice (EAP) means that the workers explicitly share their understanding of Affect Script Psychology with the clients with the aim of building clients' capacity to change their behaviour, 'to do it themselves rather than having it done for them' (transcript 14 May 2003, Donald, 2004). To maintain a fairly consistent approach across different workers, and an intervention that is congruent between individual workers and the program as planned, the practice framework is clearly defined and well documented (Donald, 2004). The workers reflect on their

practice monthly with the supervising psychiatrist from the Tomkins Institute, sharing experiences, knowledge and skills. The three phases of the EAP framework are briefly described below.

Phase 1: Building rapport and hearing the client's story

Counselling sessions are conducted in an informal lounge setting using 'fair process' that helps to build a rapport between clients and workers, and to create a safe learning environment, respectful communication and client ownership of process.

The three principles of Fair Process (Kim & Mauborgne, 2002) aim to promote respect and dignity, and include:

- Engagement – involving individuals in decisions that affect them; involvement of the whole family including the initiator of abuse;
- Explanation - everybody involved understands why decisions are made; and
- Expectation clarity – clearly stated new rules so that everybody understands the consequences if the behaviour happens again.

The client's life story is the context for the harmful event that brings them to GFSS, and encouragement to share it shows respect to the client and family. It is also an opportunity for a dialogue, using questions to identify and explore the emotions surrounding the events. There are two sets of Restorative Questions: to someone whose behaviour has harmed another¹, and to someone who has been harmed².

The questions are open-ended, non-accusatory and are deliberately designed to elicit a response; usually clients express how they felt (pers. comm., M. Casey). Questions may challenge the behaviour of the initiator, or can allow the person experiencing harm to explore the impact upon them. The Restorative Questions allow clients to practice empathy.

The Restorative Questions take clients from the past, to the present, into the future. Whilst other questions may be used to prompt further disclosure, the questions provide both a guide and a framework for the therapist. They also assist the focus on harm and relationships: What happened? What harm has been done? What needs to happen to heal the harm? The Social Control Window provides both pressure and support to the client (pers. comm., M Casey).

Whilst listening to the client's story, the worker keenly observes the affects unconsciously displayed, using additional questions to further clarify the role of the client in each harmful event and to help the client share the details without omitting aspects related to shame (Donald, 2004). One worker said her training enabled her to watch for fleeting physical displays of affects that appear even during the recounting of events, and that she continuously re-checks whether she is dealing with shame responses and what other affects were associated with the shame. For example, when dealing with a client describing an event that produced an 'attack other' response, she would check for displays of shame as well as anger.

The worker may also challenge the client's negative perceptions by emphasising strengths displayed or other positives. Through sharing their story, often for the first time, clients experience an emotional release and are, typically, said to feel better for it. At the end of every session clients are asked to rate their feelings to ensure the client's well-being is at least 'OK' before ending the contact.

¹ What happened? What were you thinking about? What have you thought about since? Who has been affected by what happened? What needs to happen to make things right?

² What did you think when you realised this had happened? How has this impacted on you and others? What has been the hardest thing? What do you think needs to happen to make things right?

Phase 2: Explaining the Affects and ‘Tools for Life’

The “centrality of relationships in positive life experiences” (Donald, 2004) is used to introduce Tomkins’ Nine Affects (Table 1). The affects are explained to clients by describing their physical characteristics and by using examples from the client’s life story in everyday language so that it is easily understood. The aim of explaining the nine affects is to improve the client’s understanding of emotions, and the part that memories play in triggering reactions and behaviour.

Counselling will often result in a focus on the shame affect, its role in harmful behaviours and its impact on family relationships, for example, isolating a family member, reducing communication, and increasing conflict. The counselling facilitates the client’s/family’s examination of their feelings and behaviours and their impact on others, and teaches them that they have the power to restore relationships. Clients are asked what they believe would make things right, and what they might do to restore relationships.

It is worth mentioning that clients are introduced to the Compass of Shame in a Socratic manner, as follows. They are asked how they and others respond when things go wrong. Invariably this leads to clients themselves describing the Compass. Once they are done, they are shown Nathanson’s Compass. Clients often report, “This is what I do all the time.” It provides a moment of clarity and significant personal empowerment because for the first time they can see what is going on and that they can do something about it.

Through the EAP clients can learn self-control and self-management and can work on changing their behaviour (Donald, 2004). Personal change of this nature empowers clients to define themselves rather than being defined by past events or others (Donald, 2004).

Phase 3: Planning and reflection

To bring about change, clients are asked to describe their ‘preferred future’, which may be immediate future or in a few years’ time. The workers assist in goal setting and establishing client expectations of themselves, that is, what they will do to make their preferred future happen. Recognising Maslow’s Hierarchy of Needs theory, the worker states what he or she will do to help the client meet immediate needs such as refuge from harm, food and shelter. Work begins to resolve these needs in the first session and sometimes repeatedly as an immediate need is presented.

This helps to develop the relationship between the client and the therapist/worker. There is evidence that this relationship is one of the most significant factors in achieving a successful outcome. Braithwaite argues that relationships are a key determinant in terms of the maintenance of appropriate behaviour. This is one of the real keys to the success of EAP. The client and the therapist/worker are on a journey together. Therefore, both are establishing expectations of each other. If either fails to do the homework, they let the other down. In this way there is support but also pressure. (Pers. communication, M. Casey)

Clients’ ‘homework’ includes reflecting on their story with the benefit of new knowledge, and using the Compass of Shame to understand conflict. They are encouraged to make an informed choice about how to and whether to respond to behaviour as it occurs. This change in response to harmful behaviour helps others to see the person differently and ultimately to react differently, breaking the old patterns.

Goulburn Family Support Services are relatively unique in combining the restorative justice/restorative practices perspective with the use of Tomkins’ framework, and being explicit in their practice. Tomkins had a great deal to say about how people change.

The more intense the affects involved in events, the more powerful the script when those patterns are bundled together. Highly magnified scripts with very dense affects, such as those around trauma, require intense, long-lasting countervailing affects to change them. Shifting such scripts is not easy. It often takes place gradually, as any psychotherapist will tell you.

Sometimes it does not happen at all. Some people have been so deeply wounded and gotten so little nurturing that they have few skills to self-soothe. Some cannot overcome their intense negative affect and defensive scripts sufficiently to form a stable relationship with a therapist or helper. An occasional client is so shame-sensitive that the mere use of the word shame will cause him or her to flee—even when it is explained that shame affect is universal, biological, and often unrelated to his behaviour!

However, it is clear that for a great many troubled clients and families, Explicit Affective Practice is extremely helpful, and often produces change rather quickly. This may be due to several factors. The biology and biography of emotion is taken into account. Affects are labelled more precisely than in many other paradigms, which can feel very empathic. The ways people cope with the experience of shame and other affects are well-articulated. EAP helps people understand how their emotions work and gives them a means to practice healthy interaction and empathy by using the Restorative Questions. With these tools and skills and the support of GFSS, they can re-script their patterns of feeling, behaviour and relationships.

2 Evaluation aims and methods

The management committee and the staff at GFSS were interested in collecting evidence of the impact of the EAP. Annually, the service reports to their funding body against specified outputs and targets. Assessment sheets are completed by clients when the cases are closed rating their satisfaction with the service, and agencies are also asked for feedback each year. The aim of this evaluation is to assess longer term changes in clients' lives, whether the practice has led to the outcomes expected by GFSS, and how their organisation might improve the practice and its implementation.

A logic model was mapped as a starting point for the evaluation using existing documentation, group discussions with GFSS staff, and a review by the members of the management committee and other stakeholders. The model documented the expected outcomes, as well as links between elements of the practice and outcomes, and intervening variables that help or hinder the achievement of those outcomes.

Mailed surveys ([Appendix 2](#)) and interviews ([Appendix 3](#)) with former clients were conducted to assess longer term behavioural changes that result in:

- improvement in family relationships and parenting skills,
- reduction in neglect, abuse and violence,
- better outcomes for children within the families, and
- reduced risk of homelessness for all family members.

Also of interest was:

- which elements of the practice made a difference to clients and their families,
- did clients gain new knowledge and skills during counselling, and
- what helped or hindered client engagement with the practice.

Interviews with referring agencies (Appendix 4) were conducted to see if these external stakeholders have the same perspective of the impact of the practice as GFSS. GFSS provided contact details of officers/workers who regularly referred clients; sometimes this led to other stakeholders being interviewed, such as a school counsellor and principal, the manager of Probation and Parole, and a case worker at Department of Human Services. A sample representing a cross-section of referring agencies was obtained.

2.1 *Description of the client population*

Since 2006, the GFSS has serviced an average of 135 new cases per year, the majority of which are closed within the year (Table 2). The client population has the following features:

- an average of 50% of clients seen each year are self-referrals, mainly through word-of-mouth recommendations from family and friends;
- approximately 54% of cases are affected by domestic violence, with more than that suspected by workers as having domestic violence impacting on their lives;
- approximately 36% of cases are affected by drug and alcohol abuse;
- an average of 38% of cases presented with child protection issues (i.e. were known to DoCS);
- 27 children from the families seen by GFSS in 2010-2011 were in foster care and 62% of families had children under 12 yrs of age;
- 67% of cases dealt with since 2005-06 have required counselling for up to 4 months; and
- an average of 41% of cases that presented to GFSS over the past 5 years were assessed by staff as high needs. High need is assessed by the level of distress displayed by the client and by using scripted questions.

Table 2: Summary of clients 2005-2011

Year of Report (FY)	# new referrals	# cases closed	% self - referrals	% domestic violence	% drug & alcohol abuse	% known to DoCS	% High Need	% Medium need	% seen for 4 months or less
2010-11	126	119	46	58	36	54	26	74	54
2009-10	150	97	44	48	30	40	26	74	79
2008-09	160	100	51	40		25	80	15	
2007-08	115	81	57	55	33	39	41	36	63
2006-07	128	130	54	66	44	42	30	57	76
2005-06	133	106	49	56		26			65
Totals or averages	812	633	50	54	36	38	41	51	67

2.2 *Data collection and analysis*

A protocol for evaluation respondent's privacy and confidentiality and for avoiding and dealing with client distress was documented and agreed upon between GFSS and the researchers. Interviews with referring agency staff and former clients were taped and later transcribed, interview protocols are appended. Agency staff were sent reports of their interview and all were satisfied that it was a

correct representation of what had been said. Transcribed client and agency interviews were coded in NVivo 9 to protect their identity and to reveal themes relevant to the evaluation questions.

Clients who were invited to participate in surveys and interviews were over 18 years of age, had engaged in counselling at least on 2 consecutive visits, and had been closed cases for 6 months. A time lapse of 6 months was thought to be sufficient for new habits to have formed and for some outcomes to be realized. A total of 29 clients were sent invitations to participate in interviews; eight interviews were conducted. GFSS staff nominated clients for interviews that were: examples of significant change as well as continued struggle, reasonably articulate, and who had been to the service over the past 5 years. Clients signed consent forms that allowed access to their case notes to verify that GFSS had understood the issues they presented with and what intervention had taken place.

Surveys were mailed to 325 former clients in total but only 29 surveys were completed. Initially, a list of 200 random numbers ranging from 1 to 700 was used to select former clients counting back from the end of May 2011 to May 2005. A cross-check of the register to the database and files excluded some of the initial sample who did not meet the selection criteria. These were replaced with other clients randomly drawn from the register, which were again cross-checked to meet the abovementioned criteria. Reminders were sent after 3 weeks. Surveys 'returned to sender' were re-addressed and sent to former clients using the same criteria stated above. Actions taken to redress the very low response rate (<10%) are outlined in Section 2.2.1. An additional 97 surveys were mailed out at the end of November to the more recent clients, meaning that all recent clients who fitted the above criteria had been sent surveys.

Twenty-seven useable surveys were entered into PSPP software for quantitative analysis with responses to the open questions moved into Excel for categorisation. Descriptive statistics were performed to tabulate frequencies, means and standard deviations for each variable. The data were transformed for the purpose of contingency table analysis, so that coding for all variables was consistent with the verbal descriptions, for instance 1= not important and disagree, 2 = neither, 3 = agree or important, and 4= strongly agree or very important. Goodman Kruskal Gamma statistic was used in contingency tables to determine associations between two variables. Gamma was selected because the distribution was positively skewed and there were many tied pairs, that is, instances where paired cases responded the same on one variable. Gamma ignores tied pairs to compute the difference between concordant and discordant pairs, and thus indicates the strength of the association between two variables, between 0 for no association and +1 for a perfect association. The strength of positive associations between variables is indicated by a Gamma of at least 0.50. Labels are arbitrarily assigned to make reading the results easier, as follows: *= .55 to .59, ** = .60 to .74, *** = .75 to .90, and **** = .91 to 1.00.

Finally, the consultants discussed the findings with staff at GFSS and their feedback is included in the report, without altering the findings and with the source of the alteration made clear, e.g. 'discussion with GFSS'.

2.2.1 The challenge of contacting former clients

The challenges in collecting data from this population are indicated by the figures in [Table 3](#). This group of people are largely disadvantaged and have unstable finances and housing. Follow-up phone calls were made to 16 of the 29 case study invitees and 9 of these were sent surveys by mail with one returned, and one declined. Phone calls were made to 163 survey recipients. Almost a third of clients were no longer contactable, and very few returned calls after leaving 53 messages. Most of the 20 former clients spoken to during the follow-up calls, stated they had changed their address and hadn't received the survey, some were resent a survey to a new address, 7 agreed to do the

entire survey over the phone, whilst 9 agreed to a semi-structured phone interview about their experience at GFSS. Three of the phone interviewees were resistant to begin with, usually because of ongoing grievances, or not wanting to commit anything confidential to paper. A few comments indicated that the support service was seen as part of the government system. As one recipient said, “why would I want to talk to *the government*”.

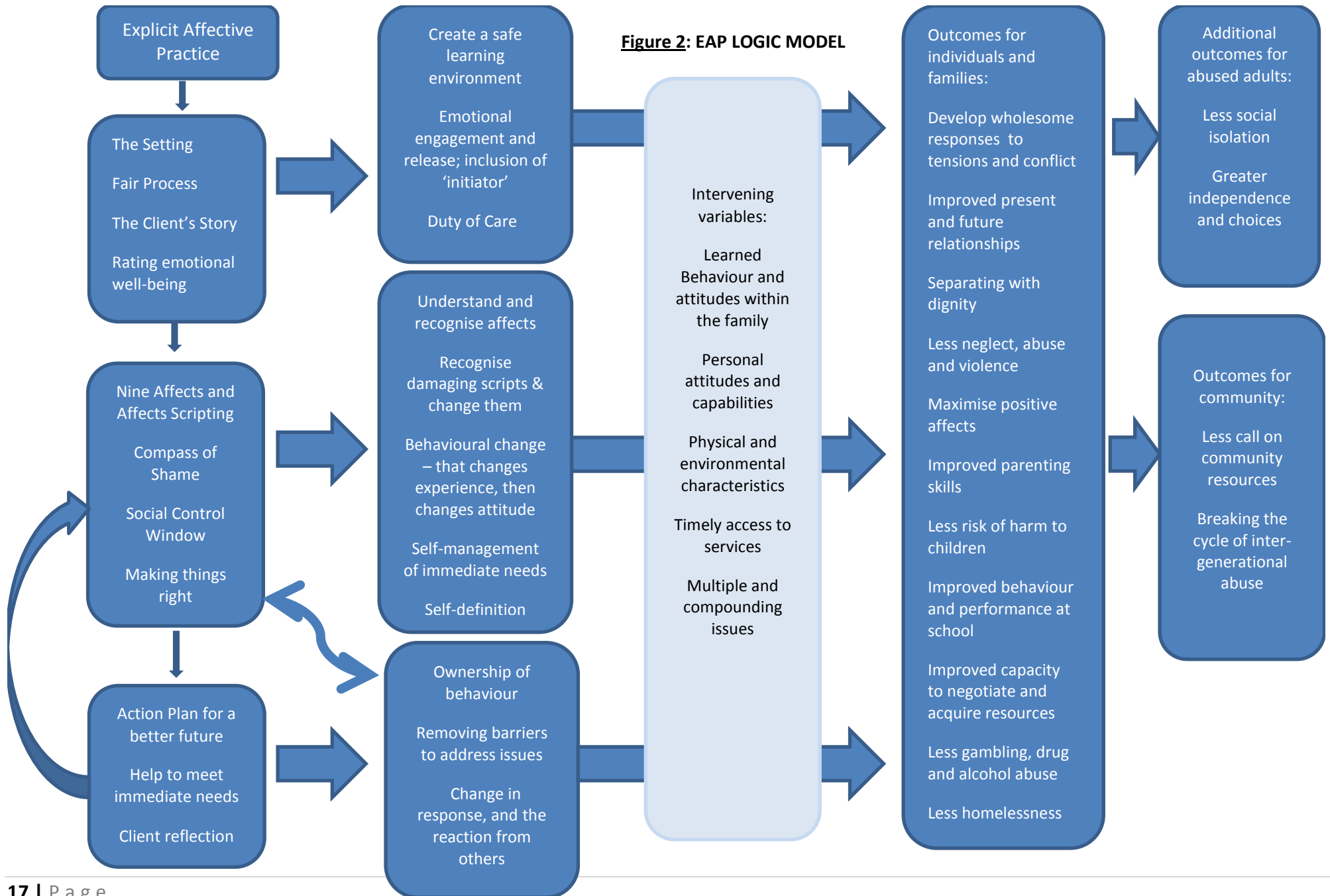
Table 3: Summary of data collection effort

	#sent	RTS	Contacted by phone	Disconnected or call restrictions or moved or not interested	Interviews and surveys received	Phone interviews
Case Studies	29	1	16	7	8	1
Surveys	325	48	73	49	27	9

3 The Program Logic - Interventions and expected outcomes

The program logic model Figure 2 indicates the link between the intervention, ‘Explicit Affective Practice’ described in Section 1.4, and expected outcomes for individuals and families. The assumptions are: that the nine affects theory can be applied to change behaviour and minimise all negative affects; and that all clients who engage in this framework will be better able to recognise damaging scripts and change their behaviour.

Figure 2: Logic model for the Explicit Affective Practice (Next Page)



3.1 *Expected outcomes for individuals, families and community*

The first level outcomes for clients described in the program logic (Figure 2) are expected to occur as a direct consequence of engaging with the process and content of the practice framework. Most long-term outcomes for clients are self-explanatory and are thought to be common across a range of social issues. Foremost of these longer term outcomes is an increased capacity to relate to others. By changing behaviour people change their experience of the world and in time change their attitude. 'Maximising positive affect' refers to increasing the experience of the positive affects of 'joy' and 'interest' and subsequently minimising (modifying) negative affects (1.2).

A few terms used in the model need further explanation. Self-definition is defined as 'one's identity, character, abilities, and attitudes, especially in relation to persons or things outside oneself or itself'. With regard to 'improved capacity to negotiate and acquire resources' for the family we include legal advice and action, child residency, Centrelink assistance, transport, housing, loss and bereavement counselling, education and training, employment, respite care, and childcare. With regard to 'less call on community resources,' we include police, courts, ambulance, hospitals, schools, etc.

Donald (2004, p93) refers to 'neglect, abuse and violence' as an encompassing description of the issues dealt with by GFSS. Neglect and abuse usually precede physical violence. Abuse can take several forms including verbal, emotional (e.g. non-verbal), economic abuse, sexual abuse and spiritual abuse (e.g. extreme cases of coercion). There may be additional and specific outcomes for abused adults after the cessation of abuse which includes less social isolation and greater independence and choices, for instance, as a result of improved self-esteem and financial resources.

Clarification was sought about the relevance of the model for people presenting with one or the other of two specific social issues; disability and teenage pregnancy. GFSS assist families with disabilities to meet immediate needs or access government resources but only intervene using the EAP where families are experiencing conflict and relationship issues. Issues surrounding teenage pregnancies are generally well serviced through other agencies but present or are referred to GFSS where the teenager lacks a supportive family relationship to make decisions that are in their best interest; the program logic model represents the expected outcomes for this issue.

3.2 *Intervening variables*

Changes occur across a range of timeframes due to external intervening variables and personal capabilities. Intervening variables may be circumstances or events that are barriers to getting a good result or that may help bring about the desired result. Variables can be positive if present in adequate quantity or negative if lacking for the individual or family. After a brainstorming session with GFSS staff the variables were categorised into 'learned behaviours and attitudes within the family', 'physical or environmental characteristics of the family', 'personal attitudes and capabilities' and 'timely access to services'. All of the factors listed below can impact on the client's openness to confronting the pains and failures of the past and to learn from them. Having multiple issues compounds upon the pressure the clients feel and the progress they make, support to resolve some issues can be set back when others intervene.

Physical or environmental characteristics of the family

- Immediate and basic needs such as safety, food, shelter and clothing are met
- Mental and physical health, for example, addictions or diseases that can affect mood
- Volatility within the home due to overcrowding, fluidity of residents creating a constantly changing family dynamic.
- Disabilities that become the focus of family resources.

Learned behaviours and attitudes within the family

- Intergenerational abuse and learnt behaviour
- Learned welfare dependency within families rather than building skills to do things for themselves which creates the hope for change for the future.
- Learned hopelessness within families, rather than lived experience that sets a benchmark to strive for, or creates expectations of better that inspire change in the future.
- Emotional intelligence, able to recognise and understand emotions and respond appropriately.
- Emotional robustness, able to detach from harmful behaviours.
- Maturity of teenagers or engagement in a supportive relationship to make decisions that are in their and their family's best interest.

Personal attitudes and capabilities

Donald (2004) outlines factors that can be a barrier to clients' engagement with the framework, including:

- the degree of hopefulness or optimism
- trust in authority
- the information presented does not meet the values and worldview of the client
- not persisting after some set-backs
- the client's ability to focus attention on the tasks a hand.

Timely access to services

- Availability of transport to GFSS office where the home environment is not conducive to engagement.
- Counselling is time critical. The availability of an appointment whilst the issue is topical is often critical; postponement often means that the issue subsides temporarily and sometimes becomes more critical at a later date.
- Funding to expand the service and meet demand.
- A case plan for individuals is chaotic and is an inefficient use of resources. The case plan needs to be shared between agencies and requires the co-operation of heads of organisations to actively collaborate. Access to services isn't co-ordinated between federal and state government agencies. The barrier to collaboration is thought to be the competitive tendering to deliver services.
- Inflexibility of government processes.

4 Referring agency perspective

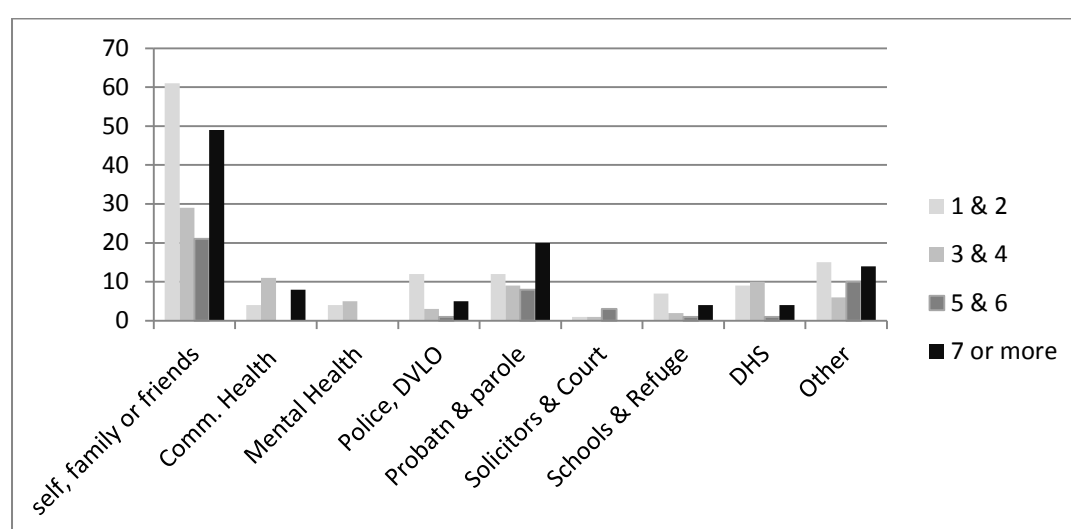
Agencies refer clients to GFSS with the expectation that counselling would make a difference to their ability to manage their own behaviour and reduce the impact of negative behaviour on their families and the community. Referring agencies were interviewed to test the congruency of outcomes they had observed with those expected (Figure 2), and to ascertain the intervening variables they believed had helped or hindered achieving the desired results. Six groups refer regularly to GFSS and these were represented by the seven individuals (two from schools) who agreed to be interviewed. Doctors and paediatricians at Goulburn Base Hospital, who also refer to the service, were unable to respond at the time of the evaluation.

GFSS considers that five sessions is usually sufficient to have progressed through the three Phases of the EAP. [Figure 3](#) categorises a sample of 350 individual clients from July 2009 to June 2011 by the number of visits they had with a counsellor (1 & 2 visits, 3 & 4 visits etc.) and the source of referral from various agencies and with self-referrals as a comparison. It is noteworthy that 43% of clients

returned for at least 5 or more counselling sessions; including 30% who returned for 7 or more sessions. Some individuals attend involuntarily as ordered by a court of law. However, in the best interests of achieving behavioural change, agencies such as Probation and Parole will find an alternative service if a client doesn't engage with the counselling service. The figures indicate that approximately 20% of Probationary referrals may have requested such a change.

Twenty-two per cent returned for 3-4 visits. Case-management accounts for approximately half of the 36% of clients who attended 1 or 2 sessions. Case management involves assistance with immediate housing or safety needs or for supervised access visits with children referred by the Department of Human Services (DHS). Goulburn Family Support Service stopped taking referrals from the Brighter Futures program because that program simultaneously referred clients to other counselling services that only dealt with either the 'perpetrator' or the 'victim'. The management committee were of the opinion that this became confusing for clients and was over-servicing their needs.

Figure 3: Number of visits as a proportion of referrals by agencies for the FYs 2009-2011



Note: Other includes doctors, paediatricians and psychologists

4.1 *Reasons agencies referred to GFSS*

Three of the seven interviewees referred clients to GFSS for behaviour management related to domestic violence and family conflict. Community Welfare Officer and DHS representatives said they referred such domestic violence cases because GFSS works with the whole family where appropriate, including the initiators of domestic violence, and this type of service is hard to find. The Community Health Welfare Officer only refers such cases where the couples want the relationship to work and he makes follow up calls to check that the clients are finding the GFSS model suitable.

Probation and Parole runs its own domestic abuse behaviour change programs once a year but will refer to GFSS when the time lapse til the next program is too long. They take a different approach to counselling and don't believe 'victims' and 'perpetrators' should be counselled together. They make follow up calls to ensure the clients' engage with the GFSS model.

Agencies involved with law enforcement refer clients for behaviour management as part of a plan to resolve issues and reduce re-offense and punishment. The Police Youth Liaison Officer (PYLO) refers the parents and the youth to GFSS instead of or as well as punishment. The Sheriff would refer cases to show the court that the offender is learning to take responsibility for their own actions.

School-based workers referred clients to GFSS for issues at home manifested in the behaviour of student. The Schools as Community Officer (SCO) refers parents who need support with parenting skills or who need support during times of financial or emotional pressure. School counsellors have time constraints and *“can’t spend more than a few counselling sessions with students It’s very useful to have a specialised behaviour management service to refer to”*.

In summary, those interviewed referred clients to GFSS for emotional support, parenting support and to encourage behavioural change in relation to:

- reducing domestic violence and family conflict,
- reducing recidivism, and
- improving performance at school.

4.2 Outcomes of GFSS counselling as seen by referring agencies

Interviewees were asked to (1) recount the outcomes they had observed that could be attributed to GFSS counselling and (2) to respond to an ‘ideal world scenario’; where clients fully engaged and changed their harmful behaviours.³ Impacts on a range of community services were mentioned in response to both questions (Table 4).

Client confidentiality and lack of case monitoring meant that interviewees could only talk generally about the outcomes they had observed; specific cases couldn’t be cited nor checked against the GFSS records. However, those interviewed drew upon their general observations to corroborate most of the expected outcomes proposed in the program logic model (Table 4).

Most referring agency representatives were satisfied that GFSS was making a difference for the clients for the reasons they had referred them, i.e. primarily for reasons of behavioural change.

Reducing domestic violence and family conflict

Couples that were motivated to resolve conflicts either within the marriage or during separation tended to have good outcomes after referral to GFSS. The Community Welfare Officer said he’d seen good results in domestic violence cases where both parties wanted a resolution. The Probation and Parole Officer reported that clients who had engaged with the GFSS framework were able to *“move forward”* and were *“able to share insights at their next report back [to the parole officer] about how things have changed ‘practically’ at home as a result of what they’ve learnt. They start to use new skills at home and when they see something about to happen they’ll walk away and, given that break, can control their response.”* Probation and Parole also raised specific issues about the GFSS practice that negatively impact on client engagement. These are discussed in Section 4.3.2.

As previously mentioned, Probation and Parole have a different approach to that of GFSS counselling founded upon the belief that to protect the victims of domestic violence they should not be placed in a position where they might be *“re-traumatised”* or intimidated by their partner during counselling. GFSS interview the clients individually and only when and if the victim consents do they attempt a joint counselling session, with strict adherence to ‘Fair Process’ (1.4). Moving forward during counselling can mean that the couple decide to ‘separate with dignity’. The Community Welfare Officer has observed that GFSS counselling helps *“settle the issues”* so that children aren’t used *“as pawns... the parents need work together for the benefit of the children”*. From the perspective of the Community Welfare Officer, *“the framework can help AVO victims [who have separated] to cope with bad behaviour because they can realise the behaviour is about the perpetrator and not them. The outcome is that over time they reflect on the new knowledge and*

³ This was included after the first interview with Probation and Parole to help interviewees envisage potential outcomes without discussing specific cases.

accept that they don't have to take on board that behaviour and feel much calmer. Over time they get the habit of thinking about the experiences of abuse without feeling stressed". This is a first step in the healing process for sufferers of abuse.

Reducing recidivism

The police, the courts, DHS, and Probation and Parole deal with re-offenders repeatedly in the course of their duties. In severe cases where the children *"don't get on with anyone"* the PYLO will see them repeatedly and there's *"never a quick fix"*. The Police Youth Liaison Officer said she *"gets a win"* in about half the cases she interviews and that GFSS *"makes a big difference to this result."* Clients that had made positive changes in their lives as a result of being referred to GFSS for counselling were not likely to be seen again by these agencies.

Referring agencies rarely monitor their successes and so assume that if they don't see them again the intervention has worked for at least some cases. Alternatively, they may have moved away from the area (cf. 2.2.1).

The Sheriff at Goulburn Courthouse stated that offenders learning the framework had reduced recidivism. Statistical analysis of traffic offenders who had attended a behavioural change program, which included the GFSS framework, indicates a reduced rate of recidivism as a result of attendance. Most of the offenders who had completed the evaluation after attending the session conducted by GFSS, said in court that they had learned to take responsibility for their behaviour as a result of learning the framework.

Improving performance at school

Both the Schools as Community Officer (SCO) and the School counsellor had observed improved performance at school as a result of GFSS counselling. The counselling supported parents to resolve problems at home but also gave the children an understanding of peer relationships. *"It empowers children by giving them the skills to choose different options, for example, not responding to bullies because they can identify what has triggered the behaviour of other children. Bullying is the result of the bully feeling 'shamed' or is attempting to feel better by putting somebody else down."* (SCO)

4.2.1 Less visible, preventative and secondary outcomes

Interviewees did not or rarely mention the less visible outcomes such as self-esteem, or clients' improved capacity to negotiate and acquire resources for themselves and their families.

Homeless people are rarely seen or referred to Goulburn Family Support Services. The Community Welfare Officer sees homeless people frequently but couldn't recall referring a case. In his experience, homeless people are mostly estranged from their families and rarely have intimate relationships. Therefore, they rarely experience family conflicts that would require a referral to GFSS. The Police Youth Liaison Officer said of the cases she saw *"a minority end up homeless"*. Goulburn Family Support Service has a preventative role in reducing homelessness. Counselling facilitates a change to inappropriate behaviour and resolves family conflict that often leads to estrangement from family members.

Secondary outcomes, included in the logic model, for adults who were no longer experiencing abuse were not mentioned by agency officers, such as less isolation and greater independence and choices; neither was breaking the cycle of intergenerational abuse. In the case of intergenerational abuse, the Department of Human Services (who would be most likely to see such cases) haven't in the past referred cases needing support with parenting skills to GFSS but have instead referred these to the AngliCare parenting course.

Drug and alcohol abuse was mentioned secondarily to other reasons for referral, for instance The Sheriff was of the view that *“drug or alcohol issues, these need to be addressed first”* before behaviour management and change can be effected. Where children are found to be at risk of significant harm through domestic violence, drugs or alcohol, DHS may refer the parents to GFSS for support to go *“through a contract with the parent away from the anxiety of the review meeting”*.

Table 4: Outcomes of GFSS counselling observed by referring agencies or thought of as potential outcomes (P)

Outcome for individuals, families and the community (from program logic model)	Schools as Communities Officer <i>[Refers for emotional and parenting support, family conflict management and behavioural change]</i>	Police Youth Liaison Officer <i>[Refers for behavioural change and parenting support]</i>	Sheriff, Goulburn Court <i>[Refers for behavioural change]</i>	School Counsellor <i>[Refers for emotional and parenting support, and behavioural change]</i>	Probation and Parole <i>[Refers for conflict management and behavioural change]</i>	Community Welfare Officer <i>[Refers for family conflict management]</i>
Develop wholesome responses to tensions and conflict	<i>"people can ... defuse the emotion and conflict by choosing not to respond or choosing how to respond." "Children are empowered to choose different options, not responding because they can identify what has triggered the bullying behaviour."</i>		<i>"often if an individual is ... learning how to own their behaviour ... the Justice will take this into account."</i>		<i>"They start to use new skills at home and when they see something about to happen they'll walk away and, given that break, can control their response."</i>	<i>"... people still get upset, but know why, can reflect on the model and can step away and contain that emotion and therefore the behaviour."</i>
Improved present and future relationships	<i>"better understanding of expected and appropriate behaviours and relationships within community"</i>	<i>"socialise with friends of the same age rather than much older ... less impact on friends and family" (P)</i>		<i>"better relationships with peers"</i>	<i>" ... changed 'practically' at home as a result of what they've learnt."</i>	<i>"calmer families, less yelling, and reduces the bad behaviour."</i>
Less neglect, abuse and violence	<i>"...domestic violence would be reduced because people could identify the causes of their behaviour ... " (P)</i>				<i>See above</i>	<i>"Two years later the couples are still together and are happy. They still have issues but they are working as</i>

						<i>a unit together".</i>
Improved self-esteem				<i>"improved self-esteem"</i>		
Improved physical and mental health	<i>"Improved health results from less domestic violence..."(P)</i>				<i>See above</i>	
Less risk of harm to children Improved parenting skills	<i>"... control their behaviour in emotionally charged situations to reduce harm to children"</i>	<i>"The feedback from parents is that if they keep going they are pretty happy and they get some sort of resolution"</i>		<i>"being supported at home"</i>		
Improved behaviour and performance at school	<i>"better understanding of expected and appropriate behaviours and relationships within ... school"</i>	<i>"they continue at school"(P)</i>		<i>"... better student performance. Teachers are currently social workers because of family conflict"</i>		
Less call on community resources	<i>"... huge potential savings from not having to deal with the number of crises for child support and abuse, housing, health, education and mental health ... we could fund prevention through behavioural change" (P)</i>	<i>"... our resources to find them [runaways], not to mention the impact on the school ..."</i>	<i>"Impacts on domestic violence, truancy, loss of or damage to property"</i>	<i>"less disruption in the classroom, fewer suspensions"</i>		<i>"... behaviour impacts on police, schools, ambulance officer, neighbours..."</i>

4.3 Intervening variables

Table 5 summarises the factors that external stakeholders thought helped or hindered achievement of a good result. Some factors can be either positive or negative, such as parenting skills and persistence. The numbers in brackets indicate where the factor was raised by more than one interviewee. The motivation to change was raised by all interviewees (Section 4.3.1). For some people, a crisis becomes the catalyst or motivation for change and for others the framework could be amended to increase engagement. A few issues are raised in Section 4.3.2 that warrant substantiation from the client data.

Table 5: Factors that helped or hindered achieving a good result

Learned behaviours and attitudes

- Intergenerational abuse
- Interference in private issues
- Parenting skills and persistence
- Parents unaware of what their children are doing

Physical or environmental characteristics

- Drug and alcohol addictions (2)
- Hormonal changes in teenagers
- Friendship groups are protective for children experiencing crisis
- Peer pressure
- Stress during the crisis
- Juggling the family, work and then counselling

Non-engagement with counselling and other services

- Fear of change
- Literacy and understanding
- Motivated by the need for change (7)
- Only one willing partner in the relationship (2)

Access to the services

- Free service
- Isolated locations
- Lack of DV specific programs for perpetrators that are run all year round

4.3.1 Motivation for change and involuntary attendance

The motivation to change is a facilitator or barrier to engagement in any counselling and was mentioned by all interviewees. The Sheriff, the CWO and the SCO referred to clients who don't take responsibility for their own behaviour, blaming something or someone else for their situation... *"people don't see a need to change, don't see that behaviours are not acceptable until a crisis occurs such as prison or hospitalisation. The crisis is often the catalyst for seeking changes in behaviour, and therefore engagement."* However, the SCO felt that the GFSS framework helped people *"realise that they are not on their own and there is an opportunity to learn a different way"*.

Probation and Parole, and the Department of Human Services (was DoCS), stated that often their clients don't see the need for change, that sometimes they aren't attending voluntarily, and that whether attendance was initially voluntary or involuntary did not appear to affect engagement (Figure 3). Rather, they the key was to engage referred clients in the process quickly, showing them some benefit or encouraging result. Of the clients required to attend behavioural change counselling by Probation and Parole, 57% attended at least 5 sessions (compared to 43% of self or family referred clients) indicating that they found it suitable to their needs.

At the same time, the Probation and Parole manager thought that the framework required “a certain level of intelligence. Some don’t want to think about the issues too long and some don’t want to be confronted with their behaviour ... it [the framework] requires too much change... our clients don’t handle change well”.

Eighty per cent of cases referred by DHS attended 4 or fewer sessions at GFSS during 2009-2011 (Figure 3), often because they were referred to negotiate access visits and for support during case reviews, and therefore are not automatically introduced to the EAP. The DHS case worker didn’t think the GFSS framework “applies to everyone, that is, I believe that the framework was designed for domestic violence perpetrators and victims. I’ve had mixed reports, some clients said it was fine going there [GFSS] and others didn’t get a lot out of it. Sometimes they are not voluntary clients and so maybe they don’t really want to go. They probably don’t engage because they don’t see the need for change. There are a lot of people who don’t want help”.

4.3.2 Engagement with the GFSS framework

Based solely on the number of return visits to GFSS, approximately half of the clients returned for 5 or more visits and could be said to have engaged with the GFSS framework (Figure 3). However, issues were raised by stakeholders that will be investigated further via the client surveys and interviews:

- Families in crisis are under considerable stress which is not conducive to learning new concepts, for instance the SCO observed that “The families probably reflect on the practice/knowledge after the crisis when they are more relaxed. Others click immediately.”
- Probation and parole were of the view that some clients may have difficulty engaging with the framework because they were unable to sustain an intellectual interest over several sessions to work through the process. Conversely, agencies who work directly with children suggest that ... “Often it’s children that easily pick up the concepts of nine affects, and compass of shame. People of higher intellect perhaps question the model rather than accept it intuitively... Children as young as 8-10 pick up on the model particularly through the bears or through parents modelling the compass.”
- Some clients had provided negative feedback to the referring agencies about specific aspects of the GFSS framework. A domestic violence perpetrator who had been ordered to attend behaviour management counselling by the court, had not engaged with the framework because the ‘teddy bears’ were inappropriate for adults. Another barrier to engagement is the use of the word ‘shame’ which has connotations in everyday language that “doesn’t fit comfortably with people but ‘the circle’ does ... some people have a problem engaging when you use the word shame”.
- Involving the whole family may make the victim feel that they are partly responsible for domestic violence.

4.4 External agency understanding of the framework

The types of referrals being made to GFSS is underpinned by external agency understanding of the framework, which varied widely. Three interviewees displayed a working knowledge of the framework, as a result of previously working as a counsellor in the organisation or in collaboratively run programs, for instance, the Community Welfare Officer understood the Compass of Shame in some detail:

The “circle” [Compass of Shame] helps people to “identify behaviours within the circle and to diffuse the situation. One partner is able to say to the other ‘where in the circle are you?’ giving the other

the chance to explain what is affecting their behaviour in that moment". "People still get upset, but know why, can reflect on the model, can step away and contain that emotion and therefore the behaviour".

The Schools as Communities Officer collaborated with GFSS to run a short course based on the Explicit Affective Practice but failed to engage other agencies' clients. He attributes the lack of support from some government agencies to a lack of understanding of the practice and the potential benefits for the whole community. During interviews with some agencies his views were indeed verified.

At present there are two opportunities to build a better understanding of the GFSS framework:

- Goulburn is in a region where Premiers and Cabinet Department has rolled out an inter-agency approach to case management, and has established a 'Keep Them Safe' Family Case Management Group. The group discusses the care of critical cases under strict confidentiality. Attending the group could possibly enable GFSS to imbue an understanding of the EAP across other agencies, however, the staff rejected this suggestion on the grounds of breaching the confidentiality agreement they make with their clients to gain consent before sharing information with anyone.
- Changes to the Child Protection Act mean that the Department of Human Services now works with the whole household to implement an agreed safety plan that manages the risks to children. The GFSS framework is designed to deal with the whole family/household to resolve conflict that may impact on the children, and could be presented to the DHS as a referral pathway for more than just support for case reviews and access visits.

5 Evaluation of a School Pilot Program

A pilot program introducing the Affects Framework was run at Goulburn Public School in Bourke St, Goulburn with counsellors from the GFSS titled “Understanding emotions and managing behaviour”. Twenty-four children in year 2-3 (7-8 years old) attended 8 sessions (generally 40 minutes long) in the second term of 2008. The program offered “a simple approach for children to better understand emotions and behaviours when conflict occurs, and discover improved ways to respond to these challenges. Sessions included:

- behaviours, good and bad - explained using the Feeling Bears (St Lukes, Bendigo, Vic.);
- ways to understand conflict and manage our own responses, - explained using the Compass of Shame (Figure 4); and
- ways to sort out problems, - explained using the cycle of connection (Figure 5) which included the scripted questions derived from restorative justice, and the social control window (Figure 6).

Figure 4: Compass of Shame using bears

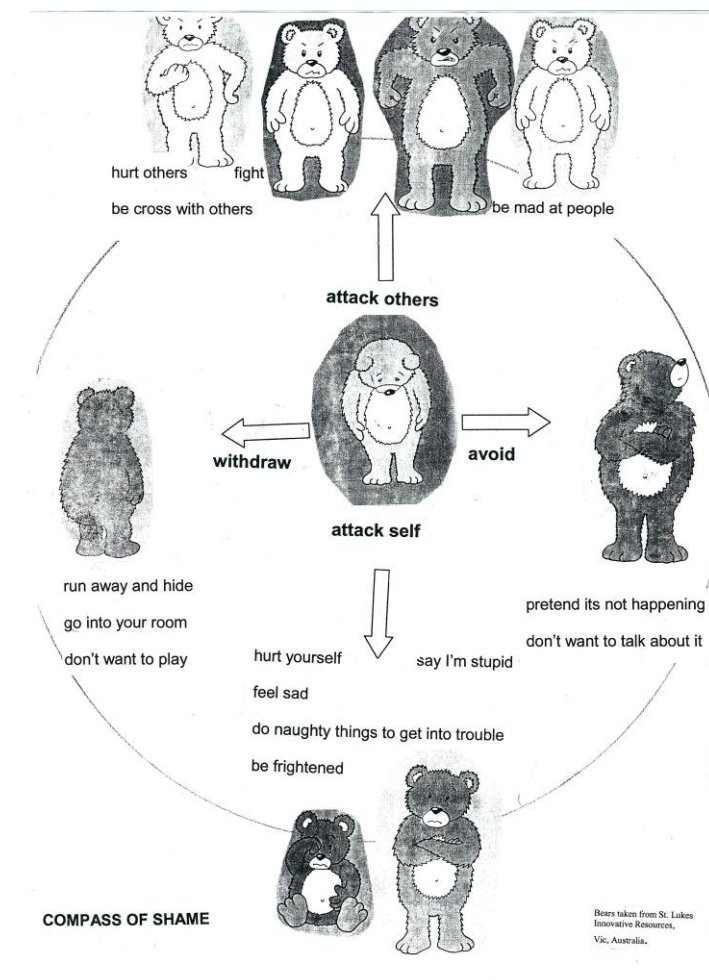


Figure 5: The Cycle of Connection

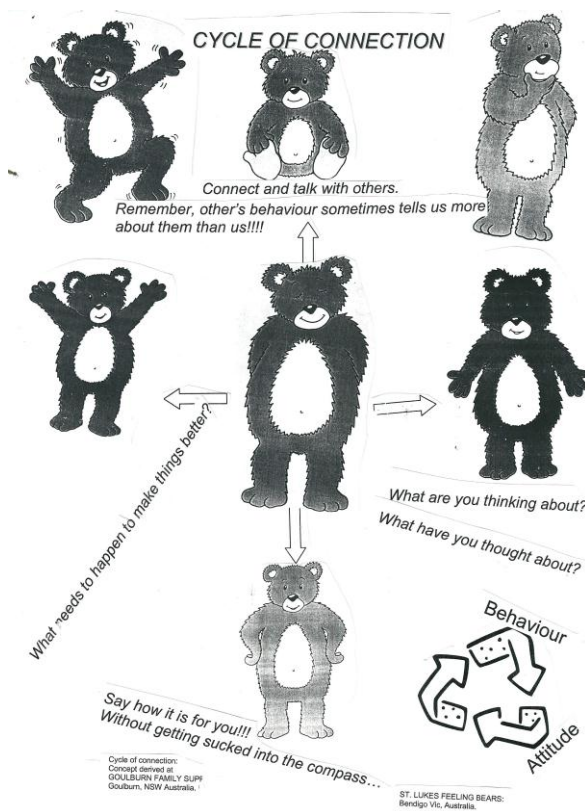


Figure 6: Window of Social Control



Which window do you think works best and why?

5.1 Children's feedback on the program

At the end of the term the children were asked for their feedback on evaluation sheets that asked the following questions:

Q1. What did you think about what you have learnt?

Q2 What did you like about it?

Q3. What did you not like about it?

Q4. Do you think it was a good thing to learn? Answer yes or no, and why.

Table 6 summarises the themes mentioned on the feedback sheets. The children rarely gave expanded answers making measuring any increase in their understanding difficult.

Table 6: Summary of themes mentioned in response to the above questions

Themes	Q1. Number of times themes were mentioned	Q2. They liked...	Q3. They didn't like...	Q4. Usefulness...
The Compass	14	3	2	3
The Scripted Questions	4	4	2	1
The Affects (including babies, bears and role play)	5	7		
Friendship (including being kind, respect for others)	5	2		
Happiness	4	1		
Good behaviour		2		1
Hurtful & conflict with friends	4		2	1
Being helpful	2			
Help in the future	1			1

5.1.1 Increased understanding of emotions, behaviours and conflict

Nine out of the 19 evaluations indicated that the children understood that behaviour described in the compass was hurtful to self or to others, for instance (the quotes have been corrected grammatically, and reference the original student's evaluation in brackets):

(E) be happy and respect others and never go into the compass, and be helpful (Q1)

(K) affects, the compass, hurtful people (Q1); the compass is bad (Q3); so we don't hurt anyone or be mean to them (Q4).

Comments indicate that the children understood that 'good' behaviour and the value of friendship: *be nice and respect others (E)*

be nice to friends (G)

they told us how to be good (Q).

Comments about conflict between students in the classroom indicate that the children understood what 'bad' behaviour was and that they didn't like it (Q3), for instance:

didn't like my friends being in the compass (C)
when [another student] went into the compass (E)
the compass is bad (K).

5.1.2 Ways to sort out problems

Four students specifically mentioned their appreciation of the counsellors presenting the course, with comments like: *they helped me by talking about things (H)*. A few comments indicated that some children felt empowered to 'sort out problems':

(C)makes people get out of the compass (Q1); taught me to get people out of the compass (Q4)

(L) if you get into the compass you can sort things out by talking; learn about the compass and questions (Q1)

(F) will help me in future (Q1), know not to go into the compass (Q4).

5.2 Feedback from the School three years after the program

The School Principal and the teacher of the class who undertook the pilot, and the Schools as Community Officer, were interviewed in November 2011. The aim of the interviews was to ask:

- Do you have any comments to make about the variety and appropriateness of resources used during the program? [jogged memory with the figures above and the sessions description]
- Do you see signs that the children know and understand the program content? Can you give examples.

5.2.1 Comments about the resources used

The language may have been over the children's head but was made clearer with the use of the bears. The photos of the babies (from Tomkins original work) were difficult for the children to relate to. Of the tools used, the teacher only remembered the Compass of Shame. She commented that the counsellors gained the kids trust and sat with the children on the floor so they *"felt comfortable to share immediately. With bullying the kids are told to tell someone you trust. Doing worksheets on their own at their desk doesn't build trust with somebody. The counsellors had an instant rapport with the kids, when we had the incidents in the classroom the kids shared it in the circle, they had bought the dispute in from the playground."*

The situation which arose between some of the children during the session was resolved using the 'tools' *"... it was good because we were able to see the person was acting in this way because of the way they were feeling not because they were being awful or nasty... they were doing it because they were feeling a certain way."*

The Principal said that among the resources that are offered for bullying the GFSS pilot was *"one of the better things. It's more realistic for infants ... it's pitched for the younger kids. This program where expert counsellors come in, and it's sequential, is better than worksheets that are done out of context."*

5.2.2 Impact of the pilot on the children

The Schools as Community Centres Officer observed significant changes in those students who attended the program. *"Participating students embraced the concepts, for instance, kids were commenting when people were displaying behaviour in the 'compass of shame'."*

The Principal suggested that the pilot had a short-term impact but without revision the impact would have diminished over time. The Teacher corroborated this observation with an example, *"...right now we're doing lessons about bullying and if I don't keep bringing it up and 'tagging' it for [the children]. Everyday I'm reminding them including the language ... it's got to be kept alive."*

The Principal thought that ideas and language need to be continued at home ... *"after the school holidays it would have been gone. But having said that it doesn't mean that there weren't a couple of kids that it's really made a difference to ... like here's something I can use and they grab and use it a lot. There would always be one or two who get it. Actually that little girl you mentioned is a lot better after the program."*

When asked at what age do you think kids are better able to take on skills for life? the Principal said it depended on emotional maturity and that *"some children were more self-aware than others, we have some children that are still quite emotionally dependent. Mental health issues complicate it, which is often linked to parental issues. Those people aside, I think around 10 years old the children would start using it for themselves."* Because there is going to be a range in primary school only the advanced or mature children will be able to take it on board.

5.2.3 Impact of the service on children's behaviour at school

The Principal's observed that the *"service makes a difference in the ability of the parents and children to relate to each other and gives them some support when there is conflict and alleviates the child's fears about what's happening with mum or dad so then they can focus at school. So from that point of view it's a fantastic service."*

5.2.4 What can be learnt from the pilot?

Students in the 7-8 age group appeared to understand 'good' versus 'bad' behaviour, and many showed empathy. However, it appears that children at this age may not have the maturity to be able to sort out their own conflicts. To have a longer term impact on primary school children the Affects Framework could be pitched at slightly older children, age 10 or perhaps be tailored to two age-groups. For younger children the emphasis could be on understanding emotions and behaviours, and for older children the first sessions could be revision of the framework with the emphasis then on resolving conflicts.

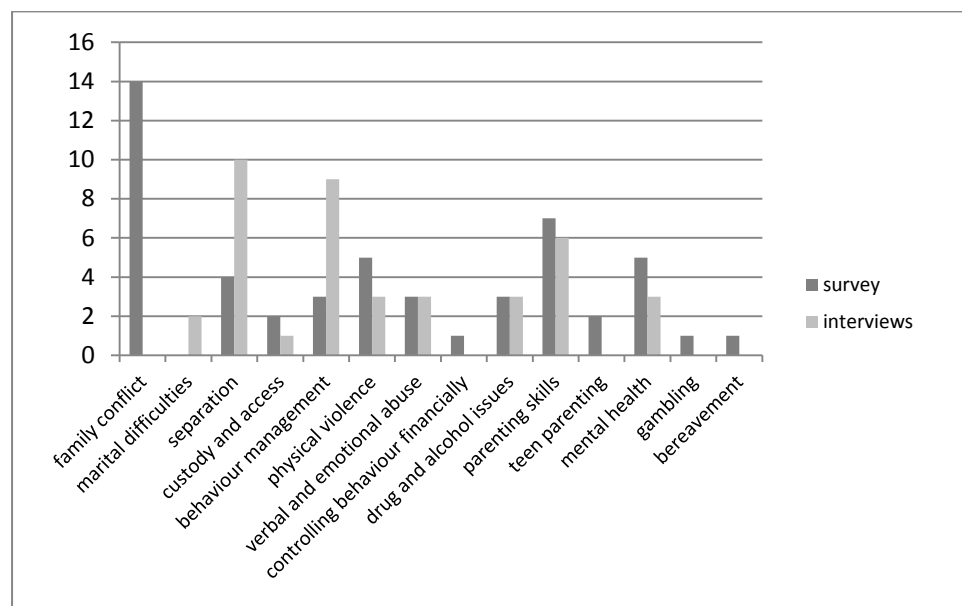
To increase long term benefits for the students the sessions need to be run in conjunction with ongoing school curriculum and at home so that teachers and parents can reinforce and revise the content.

6 Client perspective

Twenty-seven completed surveys are included in the analysis. Two surveys are not included where clients rated their feelings as 'bad' and the responses related to their current distress and not the survey questions. The clients were contacted by phone and referred to counsellors either at the GFSS or through Access Line (an emergency mental health service). Twenty-three survey respondents reported multiple issues at presentation, with half stating that they initially presented to counselling for family conflicts that resulted from a combination of other issues (Figure 7). Only four surveys could be categorised as single issue cases, and one wasn't clear about their issue but said it was court-ordered.

In addition to the 27 surveys, eighteen former clients were interviewed either face-to-face or by phone. Like the survey respondents, most interviewees presented with multiple issues (Figure 7). For instance, support during or after separation was the main issue for 10 of these cases, and in 7 cases anger management was a concurrent issue for a parent or the children. In 3 cases mothers presented for assistance dealing with anger management with their sons after separation, which also related to mistreatment by their fathers.

Figure 7: Issues mentioned by respondents



The returned surveys and interviews are representative of issues presented by all clients at GFSS, however, the proportions varied somewhat. For instance, in 2009-2010:

- half of GFSS clients experienced some form of domestic abuse, whereas 16% of the respondents mentioned domestic abuse;
- 5% of clients were referred to GFSS to address parenting issues and 40% of families had been previously reported to DoCS helpline, whereas 16% of respondents mentioned parenting issues;
- drugs and alcohol affected 36% of clients, but only 7% of the respondents;
- 5% of clients were referred by police regarding behaviour management, 13% of the sample said they presented due to behaviour management; and
- most self-referred clients come to GFSS to resolve family conflicts; as did respondents.

6.1 Overview of effectiveness of the Explicit Affective Practice

Eighty per cent of clients who responded to the evaluation reported positive outcomes that they attribute to attending GFSS counselling during the period 2006 to 2011 whilst the Explicit Affective Practice was being implemented. [Table 7](#) summarises the degree of improvement reported by survey respondents and interviewees; clients gave an overall rating taking into account the complexity of their unique situation. For most cases the issues are complex; involving the whole family and multiple issues. For instance, [G] stated that her two youngest daughters were doing well but her two older children, now adults, were no better which the client attributed to past violence and sexual abuse of the older children whilst in the custody of the father... *"it's difficult to undo the damage"*.

Table 7: Reported improvement in issues presented

	same	little better	much better	no longer a problem	other factors	totals
interviews	1	2	4	8	3	18
surveys	4	5	12	6		27

Six clients (surveys and interviews) attributed positive outcomes to a combination of GFSS counselling and other factors, such as the Community Health Service, a communication specialist and their own abilities. For instance, four interviewed clients attributed a range of factors:

- [P] said that the tools learnt at GFSS were *"part of the mix"* with other techniques such as Yoga and reading;
- for [C] *"being able to talk with a counsellor to expel unwanted anger and hostility was beneficial"* but he also attributes his relationship with his boys as *"getting him through"*; and
- for [G], the unwavering support and actions of grandparents, along with the maturation of teenagers was a help.

Five cases were interviewed where GFSS counselling may not have made a significant difference to the outcome. In all these cases there were reasons they did not engage with the GFSS counselling, which are discussed further in section 6.3.

Table 8 summarises the impact of counselling on clients as individuals, with a mean of more than 3.5 indicating which areas GFSS counselling had had a positive outcomes. For instance, there was general agreement that the intervention can be attributed for an improvement in clients' understanding of their own and others feelings and behaviours. There was least agreement with the statement that other people had a better reaction to the client after the intervention. However, this can be interpreted as meaning that the reaction to the client did not need to get better. Similarly, Table 9 summarises the impacts on clients' families, with a mean of 3 indicating that GFSS counselling had a positive impact on the time that families share together. Specific statements are discussed further in the following sections.

Table 8: Survey responses to impact on clients individually

<i>Please tell us how your experience with GFSS has impacted on you ...</i>	N/A	strongly disagree	disagree	neither	agree	strongly agree	mean	std dev
I have a better understanding of the behaviour of others				4	14	9	4.19	0.68
I have a better understanding now of my feelings		1		4	11	11	4.15	0.95
I have a better understanding of my behaviour			1	3	14	9	4.15	0.77
I have a better understanding now of the feelings of others		1	1	2	14	9	4.07	0.96
I am better able to decide how to respond to conflict				4	18	5	4.04	0.59
I have more confidence in my parenting ability	4			4	14	5	4.04	0.65
I am better at talking about my behaviour with those close to me				7	15	5	3.93	0.68
I have more support from the people close to me		2		4	15	6	3.85	1.03
I can talk about my feelings with people close to me		1	3	2	16	5	3.78	1.01
I feel happier and relaxed more often			2	6	16	3	3.74	0.76
I feel I am now better able to meet my physical needs and my family's needs		1	1	9	9	7	3.74	1.02
The people close to me understand my feelings		1	1	7	14	4	3.7	0.91
I am more sociable with people outside of the home now		1	2	7	12	5	3.67	1
I can safely point out to others the trigger for their behaviour			3	8	12	4	3.63	0.88
I feel like other people have a better reaction to me now			2	12	11	2	3.48	0.75

Table 9: Survey responses to impact of counselling on family

Please tell us how your experience with GFSS has impacted on your family...	N/A	disagree	agree	strongly agree	Mean - range 1 to 4	std dev
More of the time we spend together is positive and joyful	4	4	10	9	3.22	0.74
The children are happy and relaxed	6	4	10	7	3.14	0.73
The children are better behaved	9	7	8	3	2.78	0.73
The children are doing well at school	9	2	13	3	3.06	0.54
Gambling is less of a problem for the family resources	24			3	4	0
Drugs are less of a problem	24		2	1	3.33	0.58
Alcohol is less of a problem	23		1	3	3.75	0.5
We have more satisfactory and stable housing	20	1	2	4	3.43	0.79

Clients' comments about their outcomes indicate there is evidence that the counselling effected an improvement for all the expected outcomes described in the logic model (Figure 2). Specific comments are categorised by the degree of improvement and each of the outcomes listed in the program logic ([Appendix 5](#)). A summary of clients' ratings of the issues they initially presented to counselling with ([Table 10](#)) indicates that GFSS was effective in bringing about positive change for issues such as behaviour management, drug and alcohol abuse, parents needing support and family/relationship conflict resolution, including facilitating couples to 'separate with dignity'.

Table 10: Clients' ratings of the impact of counselling on their issues

	behaviour management	drug/alcohol abuse	mental health	relationship conflict	parenting support	separation	Verbal & emotional abuse	physical violence
No longer a problem	3	3	1	4		7	1	1*
Much better	8	2	2	9	11	6	2	1
Little better	1	1	4	3	1	2		1
About the same		1	1	2	3		2	2
factors other than GFSS			1	1	1	1	1	1*

Note * these responses were from accused initiators of physical violence and will detailed in later sections

6.1.1 Resolving family/relationship conflict

Most clients saw a significant improvement in their family relationships after counselling and agreed that 'more of the time we spend together is positive and joyful' (Table 10). One couple who presented with marital difficulties stated that *they communicate better and talk about issues together and make decisions together. It is a work in progress but we both have the same goals for the family unit to be happy*. Clients reporting that family conflicts were 'about the same', were also seeking parenting support; two were dealing with teenagers.

Respondents presenting for support with separation, also sought support with behaviour management for their children. GFSS counselling helped these the children of separated parents (3) were better able to control their anger and negative behaviour once they understood the 'tools'. Where the children of separated parents presented with negative behaviours related to mental health or drug and alcohol abuse (3), the parents were able to change their response to problems that they had limited control over. Associations between the intervention and these outcomes are further discussed in section 6.4.2.

Seven cases of domestic abuse were recorded among the respondents; these cases represented a range of situations including concerned parents of a receiver, a concerned parent of an initiator of physical violence; receivers of verbal abuse, sexual abuse, aggressive and controlling behaviour; and two convicted initiators of physical violence. Two initiators of physical violence were interviewed and both denied any ongoing problems; one said it was a one-off situation in defence of his girlfriend and the other stated he had been wrongly accused, which is discussed further on page 48. Drug and alcohol abuse was stated as a causal factor in three of the domestic abuse cases. The counselling appears to have been of most benefit in assisting affected families to separate from the abuser. Most clients suffering domestic abuse within a marriage had separated (5) and most of these reported their situation was much better (3) as a result of GFSS counselling; one who had also experienced physical abuse was still "*finding a new direction*" and consequently reported the situation was 'a little better'.

Physical abuse was associated with verbal and emotional abuse in three cases. One case that reported that the physical and verbal abuse hadn't improved, stating that their son suffered psychosis, and "*wasn't aware of his impact*" on others. One client who had stayed with the abuser reported the abuse was 'about the same' after counselling but that there was a short term impact on her husband's anger which apparently became a long-term change after an anger management course '*in another city*'.

Some 'victims' find that their partners' responses to the scripted questions challenge some of their behaviours also. Throughout the human services agencies there is a presumption that women are the 'victims' of the physical violence. This becomes problematic when both need to take responsibility for their behaviour, particularly in relation to the emotional, verbal or physical abuse that might precede the violence; the retaliatory violence tends to attract the police, child protection and criminal justice responses. Throughout the 'whole family' intervention the couple learn to identify that abusive behaviours are not conducive to getting the underlying issues sorted.

GFSS were asked to clearly describe how their whole family intervention in cases of domestic violence. When desired by the couple, GFSS engages both parties to the domestic violence. The counsellors explain that behaviour can be seen as separate from the person, that it is a reaction based on scripts or memories and that they may be responding automatically to those memories without being conscious of why they have reacted a certain way. The discussion focuses on what happened, who was affected and how and what needs to happen to make things right. Once the emotions are resolved through this 'restorative practice', then the underlying issues that preceded

the behaviour can be discussed. GFSS aims to assist all parties affected by domestic abuse by facilitating their clients to identify scripts that trigger harmful behaviours and to improve their response to those triggers.

6.1.2 Support for parents

A third of survey respondents (9) sought help with parenting, which they primarily described as family conflict. Six of these parents reported that the issues were 'much better' and another 'a little better'. The following paired statements from the mailed surveys describe the impact on the client before and after counselling.

Description of issue presented: *I was depressed, anxious and sleep deprived.*

Issue after counselling: *The way I think and address situations has improved.*

Description of issue presented: *As a parent I was concerned about our daughter's negative behaviour and how it was affecting the whole family; we needed help.*

Issue after counselling: *We are able to deal with negative behaviour better and do much less screaming and yelling - we now know that doesn't achieve the desired result.*

6.1.3 Support for mental health

Overall, it appears that the EAP has modest success resolving conflicts compounded by mental health issues, such as the associated violence and abuse. Mental Health affected four clients who responded to the evaluation indirectly through family members and seven clients themselves, including the two respondents who were 'feeling bad'. Comments on these latter two surveys indicated that the clients were very depressed, suggesting they didn't want to live, and were seeking attention. In both of these cases, the issues appear to be intractable, one suffers a disability and the other alcoholism, a number of services had seen these clients regularly over years.

There was no evidence in the data that the EAP was of direct benefit to individuals with chronic mental illness but rather worked in a supporting role alongside mental health professionals, for instance, in one case, a client had been committed to a mental health facility soon after presenting to GFSS and subsequently was supported over many repeated visits; she reported that she and her children are dealing 'much better' with her ex-husband and the impact of the separation. However, there were two cases where mental illness was not identified by GFSS and those clients subsequently had their illness diagnosed and treated, one was a child. Earlier diagnosis may have altered the course of the counselling by assessing the client's capacity to learn new skills at that juncture, particularly for emotionally immature children. GFSS clarified their response to mental illness stating that their staff would usually refer cases to their GP where the client indicates symptoms and, in future, will watch the progress of cases that need repeated intervention. Nonetheless, the counselling was beneficial for family members dealing with affected individuals, for instance, supporting the family members affected by psychosis patients.

This finding is consistent with support services elsewhere. A meta-analysis of family support services in the U.S. found no meaningful effect of interventions for parent mental health and a more meaningful effect where mental-health professionals were used to address mental health (Layzer *et al.*, 2001 p. 86). This study did not make a distinction between chronic and temporary mental health issues. There is some evidence that the GFSS practice is helpful for temporary illness such as depression triggered by specific events.

6.1.4 Maximising positive affects – joy and interest

Most survey respondents agreed that they ‘feel happier and relaxed more often’ and were ‘more sociable with people outside the home now’ as a result of GFSS counselling (Table 8). Clients who self-assessed their mental health as sad or depressed at the time of their family crisis tended to find the framework helpful. There was generally an improvement in how clients rated their feelings at the time of this evaluation compared to their average during the time they were receiving counselling. These improvements can be attributed to reduced stress either by resolving a crisis or in some cases adopting a different response to the issues presented, and for some this ability to choose their response to situations is broadly applied and permanent. For example,

...instead of being this beaten wife who thought she was unloved and no good at anything [counselling] enabled me to separate that emotion from knowing that what he was saying wasn't true. She gave me the strength and the tools. I feel positive about my life I can sit and talk about it now without emotion, it's just history. [D]

...so I chose to be happy and cheerful because that's how I like to come across, life's short and there are people who want to bring you down. [A]

I have learnt skills to switch off and not take her behaviour personally.

An indication of improved mental health after counselling is that seven interviewed clients volunteered their future aspirations which involved goals for employment and further study for themselves or their children, as well as new relationships (6.5.4).

6.1.5 Lessen the impact of gambling, drugs and alcohol abuse

Three clients reported that, as a result of GFSS counselling, they were no longer substance abusers, no longer displayed the associated negative behaviour and consequently had better family relationships. For instance: *I used to drink on a daily basis and until I blacked out. I have cut out drinking and have a much better relationship with my partner and family.*

Five clients had been affected by the drug and alcohol abuse of family members, which had resulted in separation in two cases and the teenagers leaving home in another. Two parents of substance abusers found the framework helpful to reduce the impact on themselves and other members of the family, despite the ongoing substance abuse by their adult children. One substance abuser had attended GFSS for a few sessions through a D.V. court order and has made repeated attempts to ‘do well’ but suddenly regressed. One ‘drug and alcohol’ case was complicated by diagnosed psychosis and consequently reported their issues were ‘about the same’.

Three survey respondents reported less gambling as a result of attending counselling; two of these cases associated the gambling with drug and alcohol abuse. One client presented with gambling, not associated with drugs and alcohol, which resulted in marital difficulties. The gambling via secret bank accounts undermined the family's security and the trust between the married couple. Counselling reportedly helped to ‘clear the air’ but the damage to the relationship is significant. The client didn't accept the theory that his behaviour was related to ‘shame’ as the word is colloquially used, and had some difficulty engaging in the affect framework.

6.1.6 Positive outcomes for children

Parents needing support with their children's behaviour present to GFSS looking for resolution rather than ‘giving up’ on their children and most agreed that they are more confident parents as a result of the counselling (Table 8). Most parents agreed that ‘the children are happy and relaxed’ and

'are doing well at school'. There was slightly less agreement that 'the children are better behaved', with seven respondents disagreeing with this statement. Possible explanations are that in four cases the parent received counselling without the children and in the remaining three cases involved rebellious teenagers (2) and a son with an undiagnosed mental illness.

There is some evidence that younger children who had access to counselling were able to identify their parents' behaviours as being about the parent's emotions and not the about how the parent feels or thinks about the child. For example:

[C] makes the observation that *"youngest one had come along to [GFSS] to talk through issues and in a way, the fact that he was able to attend and along with the fact that he was the youngest and most resilient has meant he was least impacted. He didn't feel the impacts personally whereas the other older boys have taken on a personal betrayal by their mother."*

For [J]'s daughters the relationship with their mother has become difficult and the youngest is resentful. *"The girls have been to family support for counselling which helped them realise [their mother's obstructive behaviour] is not about them"*.

The respondents indicate that there is a case for early intervention, for example: [G]'s two older children suffered 5 years of physical abuse by their step-father and both are now medicated for mental illnesses, drink excessively and are abusive in relationships. Her younger two are working through their issues, are at home and have developed their relationship with [G], which is in part attributed to counselling. Munro (2011) found that 'early help is better ... not just in the early years but throughout childhood as problems develop' (p. 4).

6.1.7 Improved capacity to negotiate and acquire resources

Most clients agreed that 'I feel I am better able to meet my physical needs and my family's needs' (Table 8). The framework aims to help people control their behaviour, this in turn helps them negotiate to acquire the resources and outcomes they need. For example, with the support of GFSS counsellors, [A] was able to negotiate access to her grandchild who was at risk of harm:

The court was a lot to take in. Most of the time [the parents] wouldn't turn up or would turn up eating chips showing no respect for the court or the law. I could have ranted and raved but instead I stayed calm and let the judge see how they were acting and their apathy.

6.1.8 Less homelessness

Less homelessness is a secondary outcome of improving family and personal relationships and proved difficult to measure because of this indirect impact. Successful counselling facilitates a change from inappropriate behaviour and resolves conflict that often leads to estrangement of family members. One respondent reported the following:

When my husband and the children's father passed away, as a family, we were floundering. My eldest child and I were always fighting and I kicked him out. I wanted to sort things out. We all attended family support. My eldest child came home after 7 months and as a family we are interacting better and are happier.

Attempts to include former clients experiencing homelessness were fruitless because of the inherent difficulty in contacting this group. The interest was to see if counselling had improved their situation.

6.1.9 Less neglect of relationships

Neglect of physical care of another (whether they are a child or a partner) can result from having little or no emotional attachment. Professor Don Catherall (2007) proposes that individuals need to work on their internal 'shame' related scripts and memories before relationship issues can be addressed.

Issues that create conflict within families often result from neglecting the relationships. For example, one surveyed client reported that their marital difficulties were resolved once they had a better understanding of each other's past and emotional scripts through the counselling. In another case, a financial crisis resulted because the husband wasn't communicating the state of the family's finances, instead he blamed his wife – *'You treat me like an ATM'*. After counselling the couple have made an effort to *'work as a team'*. With small children and night shift they had neglected the relationship and communication had broken down.

One family drastically affected by gambling are struggling to put the deception and trust issues behind them: *I am getting no co-operation from my wife to improve the relationship, now all of my faults are part of this issue.*

6.1.10 Overview of effectiveness in facilitating expected outcomes

The observed outcomes largely substantiate the outcomes expected by GFSS staff and committee. The EAP is effective in resolving family conflict, learning to control harmful behaviours and increasing positive affect. As expected the EAP is often effective in resolving family conflict and can be of most benefit when the intervention occurs early to:

- assist children to cope emotionally with family crisis; and
- improve parenting ability and focus energy on changing difficult behaviour before the teenage years, when the acting out becomes far more destructive.

The data indicates that the EAP was effective in changing addiction behaviours where the client engages, possibly motivated by a crisis, and has the opportunity to revisit for further counselling and revision. Where mental illness was described by the client as sadness or depression about the crisis at hand, then the framework was effective in maximising positive affects for clients by reducing the stress they felt and helping to resolve crises. As a result of controlling their emotions and behaviours, clients' prospects and future aspirations improve, adding further to their 'joy' and 'interest' affects.

There are mixed results for cases of chronic mental illness and domestic violence. The data suggests that the clients suffering chronic mental illness are less likely to learn new skills, therefore, conventional treatments such as medication could advance the effectiveness of the framework. However, the framework effectively supported families to cope better with behaviours of family members who were affected by chronic mental illness.

The client data didn't indicate that the framework had effected long-term change in domestic violence. However, there was anecdotal evidence from agency workers of positive outcomes for couples, and there was positive feedback from clients soon after the cases were closed. Initiators of domestic violence reported soon after the cases were closed that the counselling had made a difference:

"I learnt how to talk with my girlfriend properly"

"Yes, it was a good outcome for me. I see things differently now, and am a much better person for it".

"Yes my partner and I worked our problems out".

As a comparison, Probation and Parole have a low expectation of behavioural change for domestic violence offenders. The Probation and Parole agency's internally run anger management course has a target of reducing recidivism by 10% within two years of the 'perpetrators' sentence.

The effectiveness of interventions to deal with domestic violence is often confounded by drug and alcohol addictions, and mental health issues which need to be addressed. The Brighter Futures Evaluation (2010) also found that drugs and alcohol exacerbate domestic violence and resulted in "poor supervision of children and harsh punishment" (p. 161). Where children are at risk of harm the decision to separate is the safest option. In most of the cases experiencing domestic violence in this evaluation the counselling had facilitated separation.

6.2 *Client's evaluation of the Explicit Affective Practice*

Most former clients participating in this evaluation rated the components of the Explicit Affective Practice as important ([Table 11](#)) and found them helpful in specific ways. Surveyed clients were asked to rate the importance of the following statements in making a difference to them. These statements relate to the three stages of the EAP (1.4):

Stage 1: Talking about my problems with a counsellor

Solving my immediate needs like housing, food and safety

Stage 2: Learning about how emotions and memories triggers behaviour

Learning about how we react differently to 'shame and humiliation'

Learning how to improve my parenting

Learning how we could make things right

Stage 3: Planning to have a better future and setting goals and actions to get there

Client reflection (homework)

Clients who were interviewed face-to-face were specifically asked if they recalled each of the components of the practice and asked what they felt or thought about them. Clients who were interviewed over the phone were asked what they remembered about the 'tools' generally. The following sections also indicate how the components of the practice were useful to clients.

Survey responses are positively skewed, that is, more than 23 of the 27 respondents gave positive ratings to the most of the statements. Factors that may be pertinent to the positive skew are:

- evaluation respondents had stable housing, so they received the mailed surveys or invitations to participate, reminders and phone calls. Follow-up phone calls indicate that there are a large proportion of clients who had changed address and phone numbers;
- drugs and alcohol weren't an issue for most respondents which is a much lower rate than the 36% of clients affected in 2009-2010;
- survey respondents appear to have a positive disposition with most agreeing that they were comfortable taking on new ideas and doing things differently, were persisting to make things better, and had hopes for a different future. They might also be classified as the type of clients who are independent, with about 40-50% stating that government assistance and transport were not issues for them;
- follow-up phone calls indicate that some clients did not want to talk about issues that were still impacting on their daily lives, and where they may have felt 'shame' or a failure; and
- follow-up phone calls indicate that concern about expressing negative views was a common reason that these former clients didn't complete and return the mailed survey.

Table 11: Responses to the importance of framework elements

Please rate the things that you feel made a difference ...	N/A	not important	important	somewhat important	very important	Mean range 1 to 4	std dev
I could talk about my problems with a counsellor		1	2	5	19	3.56	0.8
Learning about how emotions and memories triggers behaviour		2	2	5	18	3.44	0.93
Learning about how we react differently to 'shame and humiliation'		3	2	7	15	3.26	1.02
Learning how to improve my parenting	5	1	3	2	16	3.5	.91
Learning how we could make things right		4	3	4	16	3.19	1.14
Solving my immediate needs like housing, food and safety		16	2		9	2.07	1.41
Planning to have a better future and setting goals and actions to get there		4	5	2	16	3.11	1.19

6.2.1 Talking about their problems with a counsellor

Most clients said talking about their problems with a counsellor was an important element of the counselling; a mean of 3.56 in the survey, and all of the face-to-face interviewees volunteered that it was important. What interviewed clients wanted from talking about their problems varied: six wanted an emotional release, three of these volunteered that they didn't want to burden family and friends, and three felt the non-judgemental position of the counsellor was important (Table 12).

Table 12: What clients wanted from talking about their problems and why

Case ID	talking was important	emotional release	wanted answers	someone to take control	experience and advice	didn't want to burden family or friends	non-judgemental
[C]	1	1	1	0	0	0	0
[B]	1	0	1	0	0	0	1
[G]	1	0	0	0	0	0	1
[I]	1	1	0	0	0	1	1
[A]	1	1	0	1	1	1	0
[E]	1	1	0	1	0	1	0
[D]	1	1	0	1	0	0	0
[F]	1	1	0	1	0	0	0

For all of the clients interviewed face-to-face, the emotional release was the most important component, for example:

The main thing was to talk to somebody and get an emotional release, to get a bit of direction and somebody to talk to and connect with. I have my sister, who is my best friend but she is busy and has her own load to carry. [E]

Being able to talk with a counsellor was a substitute for some when they did not want to burden family or friends, for example:

I needed support at a difficult time as I had no family here and wanted to have a conversation but didn't want to burden work colleagues, friends or her children with the stress she was feeling. [I]

It was important for some that the counsellor was non-judgemental, for example:

It was very important to have somebody else to talk ... who was accepting not judgemental ... Bill was very patient and I felt like I was being listened to. [F]

It helped to talk about the problems with an 'independent' counsellor that understands, rather than family members with opinions. [B]

Where the client needed answers about why the crisis had occurred and what they might have done differently to avoid it, they also emphasised the importance of talking about their problems. For example, [C] was frustrated by the system and has not accepted his ex-wife's decision not to reconcile, however, he did value being able to talk with the counsellor about his problems.

"Emotional support was needed at the time but more than that I needed answers, that would have then helped me sought out the problem and if I knew what the problem was then I could find a solution."

Survey responses corroborate this need to understand others behaviours; respondents who rated talking about their problems as important also agreed that they were better able to understand their behaviour (**0.69, .20) and the behaviour of others (**0.72, .16) as a result of counselling.

A number of clients mentioned that they wanted an objective guide through their crisis so the very structured approach suited them. Four cases made comments about wanting somebody to help them find direction or to take control, for example:

"I was in such a bad space for those years that the counselling was all I had." [F]

"[The counsellor] gave me the skills to move from the emotional state to the logical state ... to deal with it and to provide for the kids." [D]

"The first day I came I was a wreck. All I knew was that they were a counselling service and I just wanted someone to take control." Also [A] mentioned that the service had experience of domestic violence and the child protection legislation that helped her navigate the courts to gain access to her grandchild.

6.2.2 Learning about emotions and behaviours

Most survey respondents strongly agreed that learning about how emotions and memories trigger behaviour was important, with a mean of 3.44. Eight clients who were interviewed face-to-face and on the phone volunteered that learning how emotions trigger behaviour has been important in helping them detach from and cope with the behaviour of others or helping them change their own behaviour. There was strong response to this component of the practice, for instance:

Separating the behaviour from the person to help diffuse your anger towards them, it was the component that I got most benefit out of. [C]

[P] added this new learning ‘into the mix’ to ‘optimise her potential’, she isn’t ‘reactionary anymore’.

Upon his release from prison [K] *went back to see [the counsellor] and learnt how to choose whether to respond and how to respond to conflict.*

The tools helped [R] to detach from [his wife’s] behaviour, and... *“uses the skills through other areas of my life”.*

6.2.3 Learning how we react differently to shame and humiliation

Most survey respondents strongly agreed that learning about how we react differently to ‘shame and humiliation’ was important, with a mean rating of 3.26. Nine clients who were interviewed volunteered that this component was important for them and most of these specifically remembered the Compass of Shame.

The data indicates the Compass was important for reducing the conflict that can occur during separation:

The Compass of Shame showed [N’s husband] that he could choose to react a different way instead of “attack others”. He ... would pause before reacting so we could get through the separation with less stress.

I was certainly guilty of blaming [husband] and being angry with him ... being shown what I was doing, attacking him was the transition from there to not going down the bitter path. [D]

The details within the four points of the compass become vague unless they are revised; two parents kept the handouts to help them with their children’s behaviour, whilst others had revisited the service. [F] had revisited over 2 years for inter-related issues and stated that the label of the compass didn’t bother her once she understood the details, *“once you see it, it’s all true”*. For some the details didn’t matter because they were able to change the way they reacted to the behaviour of others generally. Clients’ views were that:

It is useful to see why people are reacting that way and in my family when people come out and attack you - I can think ‘what really happened there’.[B]

[J] remembered the Compass of Shame when reminded and said *“it rang true and I could relate to all of it. I am a lot different now and can take pause before reacting”*.

6.2.4 Learning how to improve my parenting

Most survey respondents strongly agreed that learning how to improve their parenting was important, with a mean rating of 3.5. Five clients who were interviewed face-to-face felt they were

already good parents⁴ and just needed support to deal with a crisis such as separation or dealing with inappropriate behaviour. One grandmother observed wisely that *“when your children are young you have more control, then, when there’s conflict it throws everything out. My mum was cranky with [my daughter] but I used to say don’t be because [she] needs to know she has somewhere to come.”* These parents reported that their children are now doing well, with the exception of one family where the adult children were struggling with a complex of issues - mental health, drugs and alcohol abuse and domestic violence.

6.2.5 Learning how we could make things right

Most survey respondents strongly agreed that learning how to improve their parenting was important, with a mean rating of 3.19. Six responded that making things right had been important either at the time to resolve the conflict or that the relationships had eventually been restored by an apology. For instance,

[The children] go back when they’ve calmed down and say sorry, but they don’t get angry often [F].

Not during counselling, they were rebellious teens then and couldn’t be told anything. More recently they are saying sorry for the past behaviour and the impact on [G].

One parent observed that the action of ‘making things right’ taught her children that there are consequences... *the counselling changed their behaviour and reaction to bullying [I].*

‘Making things right’ starts with taking responsibility for harmful or inappropriate behaviour. Nine interviewed clients made comments that indicated they or their family members were taking responsibility for their actions, for example:

With encouragement from counselling [G] took responsibility for her youngest daughters’ whereabouts and has reconciled with them after years of trouble with police and schools.

[K]’s concern is for the welfare of his children, he sought to have them removed from their drug addicted mother and be awarded to his relatives for care. He was granted Access rights as a result of attending GFSS for anger management. He aims to support them financially through their education.

6.2.6 Solving immediate needs

Immediate needs are addressed so that clients are able to focus the emotional and behavioural aspects of counselling. Counsellors undertake to work with clients to resolve these issues and in return clients are asked to commit to their ‘homework’. ‘Homework’ usually involves the client making a conscious effort to implement what they have learnt during counselling. Most survey respondents did not agree that the solving immediate needs like housing, safety and food was important, with a mean rating of 2.07. Only one client who was interviewed needed immediate needs met as a result of her partner leaving her with a baby and older child; she commented that she now had a ‘good job’ and aspirations for the future.

6.2.7 Planning and goal setting

Most survey respondents strongly agreed that learning how to improve their parenting was important, with a mean rating of 3.11. Five cases volunteered that the planning and goal setting

⁴ Brighter Futures Early Intervention Evaluation found that parents rated themselves in comparison to their own parents and that ‘good’ may refer to less chaos, less abusive or absent parents.

component had been a helpful component, succinctly expressed in this case: *What the counselling does helps you to see a different future and to plan for it.* [F]

The following excerpts indicate that planning for a better future not only helps people change in ways that will realise their aspirations, but that it can also alleviate the stress and powerlessness they are felt at the time.

[D] *“had a session at the end where I decided I wanted to be this person and I would achieve that by XYZ. The most powerful thing is to know who you want to be with or without a man I wanted to be a certain type of person who was not angry nor bitter, not revengeful.”*

[A] Planning for the future *“really helped a lot, she used to say think beyond this, think about the future, you’ve got to prepare for different scenarios and then she would give me examples”*. [A] said that thinking of the future was better than dwelling on the lack of power she had over the present. The counsellor *“used to say ... you’ve got to prepare because you will see this baby... I did little things to get ready”*.

[G] remembered that *“the counsellors would say “what to do you want to be”? At the time the [daughters] had no plans but now they’ve had time to think about their futures. [Daughter1] wants stuff out of life and will do something but the other daughter is not motivated enough”*. [G] attributes the motivation of [daughter 1] to a combination of influences from family, GFSS counselling and a teacher at the Police and Citizens Youth Club.

[K] was briefly interviewed by phone and thought that *“working towards a better future involved learning how to control my own behaviour.”* [K] is getting his *“life on track, not doing any drugs or alcohol. I would like to meet the right girl and have a family the right way.* He aspires to supporting his existing children financially to gain an education.

6.3 Some clients didn’t feel their goals were achieved

Negative responses are an opportunity to learn what hindered client engagement with the EAP. Five clients who were interviewed expressed frustration that the counselling process didn’t help them achieve their expectations or goals for attending counselling. The reasons (Table 13) for this may illuminate ways for the service to engage with clients who appear to have come with specific expectations. Cases aren’t identified in this section to ensure confidentiality, as they may be mentioned elsewhere in the report.

Table 13: Responses from clients that felt their goals weren’t achieved

Clients’ goals not achieved	Didn’t feel listened to	Wanted more practical advice and strategies	Repetition of theory
1	1	1	1
1	1	1	0
1	1	1	0
1	0	1	1
1	1	0	0

The EAP commences with the client’s story, however, four cases indicated that they did not feel they were being listened to. It seems strange that clients should have this impression when they’ve been asked to tell their story. Case notes and an action research study (Donald 2004) demonstrate that the counsellors are looking at the client’s life story for events that have created ‘scripts’, that is

emotions and memories that trigger behaviours that clients may not even be aware of themselves and that may be causing problems in current relationships. Comments from interviews indicate that some clients haven't seen the relevance of past events to the current crisis.

"After telling my whole life story (which is a troubled one) I didn't feel the next step was relevant to my [current] story".

Four cases wanted practical strategies to get them through a crisis and were frustrated by the theory. These cases expressed frustration at what appeared to be irrelevant to their crisis.

"The sessions were always about the theory. I felt we never got to the 'nuts and bolts' of the problem. We both needed someone to give us practical advice and help with problem solving".

The family did not want reconciliation; the husband was abusing alcohol and was verbally abusive, children having nightmares and self-harming. The client felt the aim of counselling was a "conventional family unit" and felt she wasn't heard when she apparently "repeatedly" explained that she didn't want to reconcile and wanted immediate and practical strategies to help with the children's behaviour.

A client *"didn't feel like the story got heard and didn't address the issue of the need to work as a team, maybe the counsellor needed a different tool".*

One survey respondent who couldn't remember the nine affects and found it hard to assimilate the information because he felt the theory was irrelevant to finding a "solution"; and because he *"didn't accept that anger is always related to shame"*. He thought it might have helped to *"explain it in a different way instead of usual patter"*.

6.3.1 Meeting clients' expectations

The mismatch of expectations could be overcome by **asking the client what they want out of each session and by tailoring the process around this, even if it's out of the usual sequence of the framework**. For example, one client expected a more flexible approach, and felt that the "set formula" of the sessions prevented her from *"getting anything across"*. She wanted strategies to assist with a child's "un-empathetic" behaviour, and wanted to take the scripted questions home but was apparently *"not ready for the questions because we hadn't worked through the process"*. Discussion on this point with GFSS staff concluded that by selecting relevant tools to meet the clients' immediate emotional needs could increase the relevance of the counselling to the crisis presented. For example, the scripted questions may enable the client to express their expectations and the impact of others behaviours on them more calmly, and possibly elicit a different response. The experience may increase their interest in learning more about the framework.

Having clear goals for the counselling might also help clients focus on more realistic goals, for example: *"The goal was unrealistic to save the marriage and family unit... I have certainly come to accept that there was no way I was going to achieve my aim of reconciliation... What I found frustrating was that it is just the way it is within the system, that there does not really seem to be any real incentive, outside of personal desires, to actually fix the problem within the entire divorce, family relationship system. It takes two to tango and having known that she wasn't going to dance and she was just going through the motions, because there were legislative requirements that had to be ticked off was the most frustrating part."*

The set structure of the framework is useful to guide the counsellors and clients through the Affect Script Psychology. However, like all repetition there is the risk that the structure becomes a habit and on occasion, because we're all human, the patter creates a blind spot. The blind spot might

prevent the counsellor searching for another way to engage the client. Munro (2011) suggests that an intervention 'system' should be 'flexible enough to enable professionals to incorporate new learning into their practice' (p. 4).

Cards that depict bears, designed for use with children, are often used to explain the physical display of affects to a client. Four clients felt strongly that the 'bears' were age inappropriate. The service might consider **commissioning a new set of cards, with graphic or photographic images of adults displaying affects.**

Another possibility for clients reporting that they didn't feel they weren't listened to is that the counsellors' may have misunderstood the affects displayed by the client. The counsellors are trained to observe facial expressions and body language for the nine affects, particularly where the 'shame affect' occurs. The display of shame provides clues to the emotions and memories that interrupt positive affects and cause behaviour that may be detrimental to relationships. Displays of affect may be fleeting and have multiple /interconnected memory associations. Because we can never assume to know another's mind, a precaution would be to **explore objectively and verbally with the client the reasons for apparent resistance to the process.** For example, a client claims he was wrongly convicted for domestic violence (his story was plausible). He felt the counsellors were '*not listening to his story*' and felt intimidated and frustrated by the insistence that he should own his behaviour, which caused him to quit the sessions. Discussion with GFSS staff about the clients' recollections suggest it may be from an earlier counselling session in 2003, in the very early stages of introducing EAP to the service.

6.4 *Linking the intervention to outcomes*

The section looks for links between the intervention and the outcomes in order to answer the evaluation questions:

- Which components of the practice made a difference to clients and their families?
- Did clients gain new knowledge and skills during the counselling?

Evidence of the links between components of the practice and the observed outcomes will also substantiate the logic model (Figure 2).

Survey respondents were asked to rate the impact of counselling on themselves (Table 14). From the responses to the statements in Table 14 it is apparent that the intervention improved clients' ability to communicate with their family to resolve conflicts. For instance, twenty-two respondents felt they had a better understanding of their own and others feelings and behaviours as a result of GFSS counselling. A similar number agreed that they could talk about their feelings and behaviours with the people close to them, and were better able to decide how to respond to conflict. About half of the respondents agreed that 'others have a better reaction to me now'. Slightly more than half agreed that 'I can safely point out to others the trigger for their behaviour'. Interviewees commented that they didn't think it was socially acceptable to point out other's behaviour, suggesting that it may have required further explanation than provided in the survey. The survey question was intended to enquire into the use of the tools to reduce family conflict.

Table 14: Clients' ratings of impact of counselling on themselves

<i>Please tell us how your experience with GFSS has impacted on you/your family</i>	strongly disagree	disagree	neither	agree	strongly agree	Mean Range 1 to 5	std dev
I have a better understanding of the behaviour of others			4	14	9	4.19	0.68
I have a better understanding now of my feelings	1		4	11	11	4.15	0.95
I have a better understanding of my behaviour		1	3	14	9	4.15	0.77
I have a better understanding now of the feelings of others	1	1	2	14	9	4.07	0.96
I am better able to decide how to respond to conflict			4	18	5	4.04	0.59
I have more confidence in my parenting ability			4	14	5	4.04	0.64
I am better at talking about my behaviour with those close to me			7	15	5	3.93	0.68
I have more support from the people close to me	2		4	15	6	3.85	1.03
I can talk about my feelings with people close to me	1	3	2	16	5	3.78	1.01
I feel happier and relaxed more often		2	6	16	3	3.74	0.76
The people close to me understand my feelings	1	1	7	14	4	3.7	0.91
I am more social with people outside of the home now	1	2	7	12	5	3.67	1.00
I can safely point out to others the trigger for their behaviour		3	8	12	4	3.63	0.88
I feel like other people have a better reaction to me now		2	12	11	2	3.48	0.75
More of the time we spend together is positive and joyful		4		10	9	3.22	.74

6.4.1 First phase: immediate outcomes

The first phase of the EAP aims to:

- engage the client, and where appropriate the whole family including perpetrators;
- allow an emotional release;
- create a safe learning environment and an exchange of information; and
- ensure a duty of care.

Assessment the service's obligation to meet their duty of care was not part of the evaluation brief and is only mentioned in relation to the logic model. No clients voluntarily indicated any neglect in the duty of care obligations of the service. Neither does this evaluation include an assessment of the practice of individual counsellors.

6.4.1.1 Emotional release

Most clients who participated in the evaluation agreed that telling their story gave an emotional release (6.2.1). Moderate statistical associations between rating the importance of talking about problems and psychological outcomes (Table 15), suggest that the emotional release may occur as a result of developing a better understanding of their own behaviour (Gamma 0.70, .21) and the behaviours of others (Gamma .73, .17). Interview data corroborate this conclusion, for instance, some clients were seeking answers about how conflicts had arisen (6.2.1). As expected, there was also a moderate association with 'counselling services were available when I needed them most' (Gamma 0.65, .21).

Table 15: Strength of associations between the practice and psychological outcomes

Impacts on self	I could talk about my problems with a counsellor	Learning about how emotions and memories trigger behaviour	Learning about how we react differently to 'shame-humiliation'	Learning how to improve my parenting	Learning how we could make things right	Planning to have a better future and setting goals and action to get there
I have a better understanding now of my feelings	*	***	****	*	***	***
I have a better understanding now of the feeling of others		***	****	**	***	****
I can talk about my feelings with people close to me		*	**	***	***	**
The people close to me understand my feelings		***	*			*
I have a better understanding of my behaviour	**	**	****	****	*** *	***
I have a better understanding of the behaviour of others	**	**	****	***	***	***
I am better at talking about my behaviour with those close to me		**	**			
I am better able to decide how to respond to conflict		***	****	***	*** *	****

Note: * = .55 to .59, ** = .60 to .74, *** = .75 to .90, and **** = .91 to 1.00 (Gamma)

6.4.1.2 Safe learning environment

Ten clients who were interviewed remembered in general terms the Compass of Shame and six of those remembered the Affect Script Psychology. Those clients who retained a working knowledge of the tools had come to GFSS over an extended period or revisited the service on more than one occasion, or in one case was 'retrained' by a co-founder of the EAP. For example, *we worked... as well as living together and... when we'd have a blow up [we would go over the tools] again.* [B]

[K] returned to learn more about how to control his behaviour after a jail sentence because *"It didn't sink in enough the first time"*. He suggested that it may have sunk in the first time if the counselling had been over a longer period (1yr) where he could discuss real life situations and his responses to them.

Establishing a safe learning environment does not necessarily induce learning. At the time of counselling, not all clients can absorb new learning and skills because they don't see the need for change, they want concrete, practical advice (6.3) or they are facing a crisis which is not conducive to attaining new skills, for example:

It took a while for it to stick. Even just coming to counselling used to pick me up for a while and then it took a while to remember to use the tools. It works because of the compass, seeing why people do things, and I can see it in other people as well. [F]

Three clients didn't remember the tools for at least one or a combination of the abovementioned reasons, for example:

[C] didn't remember the tools until mentioned. *They were useful at the time when I needed to talk to [the counsellor] and she was able to drag feelings out and it enabled me to confront them, whether it was the use of a tool or her counsel that enabled that to happen I can't tell you.*

6.4.1.3 Fair process

GFSS staff clarified the centrality of fair process in the practice. The counsellors maintain a fair process for the clients by facilitating a process that allows the issues to be discussed. The issues become the pressure for change. Where appropriate they make it clear that it may not be an easy process because clients will need to be emotionally vulnerable and honest in their responses. The counsellors are trained to identify shame affect which indicates when a response may need to further 'challenged'. Counsellors maintain the focus on the issues and behaviour not on the personality of the client, by moving the discussion from "what happened, who did it, and how can we punish them?" to "what happened, who has been affected and how, and what needs to happen to make things right".

There was evidence that the service applied the principles of Fair Process (outlined in section 1.4). The service attempts to engage all affected individuals and managed to do so in 75% of the survey cases; seven attended with their partner and 13 attended with two or more of their family members (including perpetrators of DV). Those that attended alone presented for support with parenting and separation or for their own behaviour management.

'Separating with dignity' often starts with the couple attempting to reconcile. Clients who presented for support during separation, were often able to get the partner to attend, firstly on their own and, when they were ready and if they consented, in a joint session. The counsellor explained to [F] that she needed to change her behaviour and stop 'attacking' her husband after his infidelity and their separation. She said the counsellor *was terrific, it would be difficult not to show favouritism, and she treated us both fairly, very supportive and understanding...*

Some partners who come to counselling become defensive when the consequences of their behaviour were explained and when confronted with the impact of their behaviour on their partner/family member, for example,

[P]'s partner thought that the counsellor was *"taking sides but it was a reaction to him not getting what he wanted out of the session which was that it would show her flaws."*

However, in all cases that reacted defensively, the presenting client or the partner had already made the decision not to continue with the relationship.

6.4.2 Second phase: psychological outcomes

The second stage of the EAP includes training in the Nine Affects Theory, the Compass of Shame and Social Control Window, which aims to present new knowledge and skills for the client to self-manage and change their behaviour. There was evidence from the survey data (Table 15) and interviews that practice resulted in the personal/ psychological outcomes described the logic model (Figure 2); specifically, understanding and recognising affects, recognising and changing damaging scripts, behavioural change that changes a person's experience and in turn their attitude, and self-definition.

Clients who were open to new ideas and who were persistent tended to rate the tools highly, suggesting these characteristics may be associated with full engagement in the practice and perhaps increasing the likelihood of a good outcome. There were strong associations for survey respondents between *being comfortable taking on new ideas and doing things differently* and ratings of the importance of the learning about 'shame-humiliation' (Gamma 0.87, .11), learning about emotional triggers (Gamma 0.85, .12), making things right (Gamma 0.76, .11) and improving parenting (Gamma 1.00, .00). Two interviewees mentioned that their openness to new or different approaches was important, for example, *"It was a really positive experience. The tools are a bit different ... I'm really open to different and new things. If you just stick to the same ol' thing you might just keep hitting a brick wall. I'm interested in learning more about scripts. I know throughout my life there have been things that I've wondered why they become triggers that upset me"*. There were moderate to strong association between 'I am persistent and will try again and again to make things better' and all of the components of the practice.

6.4.2.1 Understand and recognise affects

The data indicates that the EAP helped clients develop knowledge and skills to understand and recognise affects. Survey respondents who rated components such as 'learning about how emotions and memories trigger behaviour' and 'learning about how we react differently to shame-humiliation' as important, also agreed that they had a better understanding of their own, and others' feelings. Five interviewed clients talked about how the practice had helped them recognise affects, for example:

I can recognise those affects in other people... and can see that some people operate in negative affects. I'll look at the situation now, and try not to get drawn into that. At work when people are having a bad day I'll try to say something nice or positive to calm them down. [A]

6.4.2.2 Recognise and change damaging scripts, and change behaviour

Recognising and changing scripts and behavioural responses are grouped as clients tended to speak about them together. Respondents' experiences showed that they learned to recognise scripts and change their response in a range of ways:

- They can recognise others scripts. For instance, *The Compass ... is useful to see why people are reacting the way they are [B], and, I believe that it works because of the compass, seeing why people do things, and can see it in other people as well. [F]*
- They can stop to think before reacting. For instance, *I'm a lot different now and can take pause before reacting. [J]*
- They can recognise their own scripts and better control their own behaviour. For instance, *I was certainly guilty of blaming [ex-husband] and being angry with him especially early on in the piece, and being shown what I was doing, attacking him, has been the transition from there to not going down the bitter path [D], and from a survey, We are able to deal with negative behaviour better and do much less screaming and yelling. We now know that doesn't achieve the desired result.*

There were two cases interviewed that were saying that they had attained the goals established during counselling, however they spent a lot of interview time 'attacking' their ex-partners with negative comments about their living standards, their mental health, their new partners. This suggested they may have changed their behaviour but not yet effected a change in attitude or emotional scripts. The conclusion drawn is that individuals vary in the time they take to change scripts and that it is sometimes more complex than the sessions given to resolve their more immediate presenting issues.

According to the Affect Script Psychology, gambling, drug and alcohol abuse are mainly in the 'avoidance' quarter of the Compass of Shame. Whilst it is recognised that there are genetic and biological reasons for addiction, there was evidence that the counselling helped at least three clients change the scripts that motivate these habits, and at least one other to struggle with treatments (6.1.5).

6.4.2.3 Self-definition

As mentioned above clients were better able to recognise others scripts and could choose when and how to respond. A better understanding of the reasons for people's behaviour meant that these clients could detach themselves from the behaviour and be less emotionally upset in their response to it. For example, [R] feels "*less hurt*" by his ex-wife's aggression. The tools have helped him to detach from her behaviour. He's uses the skills through other areas of his life.

Respondents rating learning about shame as important also tended to agree that they 'could safely point out to others the trigger for their behaviour' (0.72, .16). For example, [Son] *points out when his father is in the compass, and he doesn't like it much, but it helps [son] to detach from his father's behaviour. [F]*

This learning empowers clients to be chose their own attitudes and identity (self-definition) rather than reacting to events. For instance, [C] agreed that "*The component that I got most benefit out of was separating the behaviour from the person to help diffuse your anger towards them. It helps you realise that the behaviour says more about them than it does about you*". [C] continued this discourse with his assessment of his ex-wife's mental health. This case may highlight the possibility of corruption of the intent of the tool to vilify (in this example, the wife that left) rather than to detach, forgive and move on.

6.4.3 Third phase: creating a better future

The third phase aims to facilitate a vision for a better future and plan actions to create that vision for their family relationships and physical needs, i.e. to take ownership of the resolution of the issues. Most clients appear to have taken their 'homework' seriously to change their response in order to

break old patterns. For example, the following clients have broken old patterns of behaviour and the reactions from others that used to result in ‘trouble’:

[K] is getting his life on track, no drugs nor alcohol. He’s working and planning for his children’s future, who are currently in care.

I am not in any trouble and have not been since family support. I have full-time employment as an apprentice. I am drug free, working, and happy with my partner. [survey respondent]

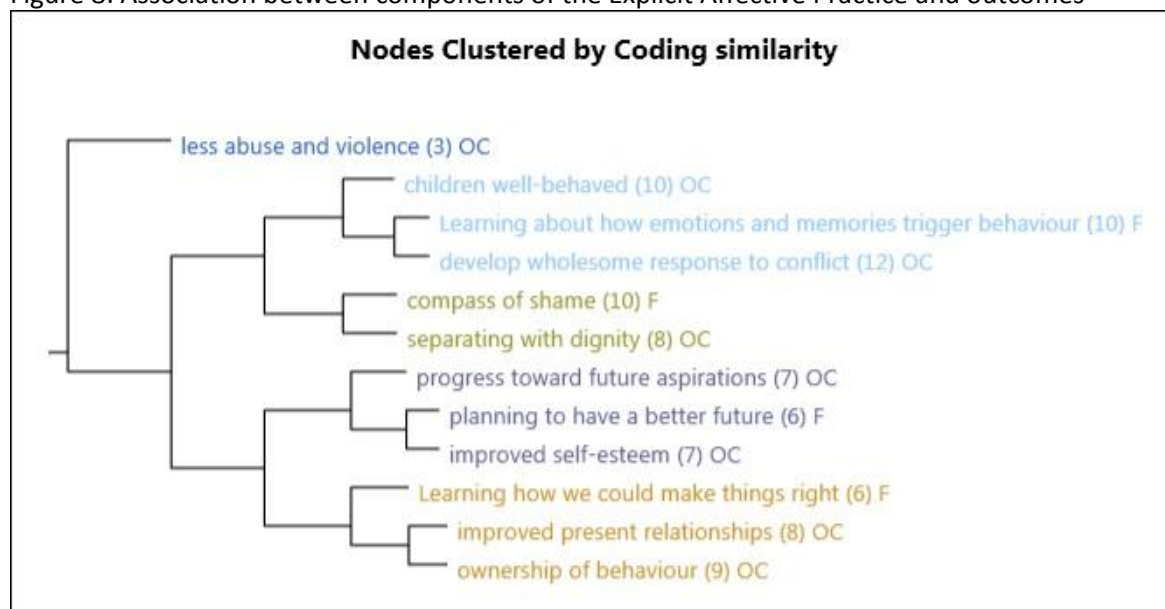
Survey respondents who thought planning and actions were important components of the counselling tended to agree that people have a ‘better reaction to me now’ (Gamma 0.74, .11). Six of those interviewed agreed that people respond differently to them now. Setting a goal that they felt would resolve the crisis for them was effective for most, for example

Planning really helped a lot, [the counsellor] used to say ‘think beyond this, think about the future, you’ve got to prepare for different scenarios’ and gave me examples I was weak back then, not like I am now. I was too trusting, I was quiet, now I’m much tougher [more assertive].

6.5 Impact of the intervention on longer-term outcomes

The data suggests casual links between the EAP and its' expected outcomes of developing wholesome responses to tensions and conflicts, improving present and future relationships, minimising (modifying) negative affects and maximising positive affects. A cluster analysis (Figure 8) from NVivo ⁵ provides a visual representation of links between outcomes and components of the GFSS framework. The association of a particular element of the framework with a particular outcome does not mean it doesn’t help with other things – just that this was the strongest pattern of association in the data. For instance, respondents who rated ‘learning about how we react differently to shame-humiliation’ as important, also agreed that they were ‘better able to decide how to respond to conflict’ (Table 15). Evidence from surveys and interviews of the links depicted by the clusters are discussed in the following sections.

Figure 8: Association between components of the Explicit Affective Practice and outcomes



Note: (3) denotes the number of cases; OC – outcomes; F-components of the GFSS framework

⁵ Cluster analysis is an exploratory tool to guide investigation. Based on the association between coded categories (using Jaccard’s index of similarity) the cluster analysis created 5 clusters denoted by the change in colour.

6.5.1 Learning how emotions and memories trigger behaviour and developing wholesome responses to conflict

Most survey respondents associated learning how emotions and memories trigger behaviour with ‘I am better able to decide how to respond to conflict’ (6.4.2.2). Twelve interviewed clients indicated the same link between this component of the practice and developing more wholesome responses to conflict. Nine of these twelve presented with anger management, as a corollary to other issues, either for the client themselves or for their children. Their view of others’ behaviours had changed and they were sometimes able to stop before they reacted angrily, for example,

“Sometimes I can catch myself and say ‘why am I reacting that way’? I think being able to do that at all is great.” [B] agreed that she could now separate the reason for a person’s behaviours from whom they are, and choose whether to *“buy into it. I get tired of being pulled into it. I am now less critical of other people’s choices, more tolerant of diversity”*.

Being able to control their anger and response to the behaviour of others was life changing, for example,

[K]’s anger resulted in a jail sentence, which gave him time to think about his previous sessions at GFSS and realise the benefits in learning to control his behaviour. When he was released he returned *“to learn whether to respond and how to respond to conflict”*.

6.5.2 Well behaved children and more wholesome responses to conflict

Survey responses indicate weak-moderate associations between happier and better behaved children and the components of the practice, principally ‘learning how emotions and memories trigger behaviour’ (Table 16). Four interviewees who presented with issues that involved their children reported an improvement in their relationship with their children and specifically mentioned the Compass of Shame and ‘making things right’ for settling disputes with children, for example

[F]’s son uses the compass to *“points out when [sister] is getting cranky and why. They go back when they’ve calmed down and say sorry, but they don’t get angry often... when [husband] left we were all destroyed so we’ve all come a long way”*.

Seventy per cent of survey respondents indicated that the framework had helped them become more confident parents, which is likely to have positively impacted on the children’s improved behaviour. Parents needing support agreed that the counselling had helped them understand their own behaviour and that of others, and to talk about their feelings with people close to them (Table 16), which suggests the practice helped them communicate more effectively with their family.

Two parents who were interviewed reported ongoing issues at school, in one case due to poor mental health and bullying, and in the other case the child doesn’t think school is important and is truant because *his father wants to see him on school days because of his working hours. Once he’s at school he is getting on well with some teachers and not with others who don’t tolerate his joking around*. [F] is discussing the issues with teachers. Seven parents disagreed that their children’s behaviour had improved; five of these were parenting teenagers or young adults, some with confounding issues such as drug and alcohol abuse, or poor mental health. Taken with the evidence for early intervention (6.1.6) it may be that the counselling has more benefit for younger children than teenagers.

Table 16: Associations between the intervention and outcomes for children

	Learning about how we react differently to shame-humiliation	Learning how we could make things right	Planning to have a better future and setting goals and action to get there
The children are happy and relaxed	**	**	*
The children and better behaved	**	***	**
The children are doing well at school		***	**
I have more confidence in my parenting ability		**	*

Note: * = .55 to .59, ** = .60 to .74, *** = .75 to .90, and **** = .91 to 1.00 (Gamma)

6.5.3 The Compass of Shame and ‘separating with dignity’

The Compass of Shame was most often mentioned as the tool that helped clients during the separation. Survey and interview responses indicate that learning to deal with conflict in a more wholesome way reduced the stress, maintained amicable relationships between parents and reduced the impact on their children. Survey respondents who presented for support during separation (3) rated the Compass of Shame and learning how emotions trigger behaviour as important to making a difference for them. For instance,

I've moved on from his mind games ... counselling was a positive experience and food for thought - why things work the way they do.

Ten interviewed clients presented at GFSS before, during or after separation. For eight of these cases the practice helped them ‘separate with dignity’. For example,

[D] recalled that the counsellor *“was there to help us work through it ... going forward with our marriage or going forward separately. The kids have come through it really well ... there’s lots of positive things. They have all ridden over the bump in the road”*. [D] *was certainly guilty of blaming [ex-husband] and being angry with him, especially early on in the piece, and being shown what I was doing, attacking him, was the transition ...*

[N] and her husband went for two sessions after they had already decided to separate. The counsellor explained the compass which *“showed my husband that he could choose to react a different way instead of ‘attacking others’*. He *‘owned his behaviour’ and would pause before reacting so we got through the separation with less stress”*.

However, communication between ex-partners is not always sustained or easy. [J] described the service as *“very worthwhile”* and mentioned that the Compass of Shame was very helpful in controlling his responses, even now when the relationship is less amicable, and he is facing multiple challenges – financial and concerns for his daughters’ safety during Access.

Five Interviewed clients referred to their relationship with the ex-partners in positive terms. For instance, [E] referred to her ex as a “friend” and strongly agreed that the new skills learnt at counselling enabled her to better control her behaviour.

In two cases who were interviewed the service had less success. One case, [M], went elsewhere after one session at GFSS because she felt the counsellor wanted to reconcile the marriage, which had been abusive; this was further explored in 6.3. In the other case, GFSS counselling did help reduce the impact of the separation but it hasn't been categorised as 'separating with dignity' because it took an extended time to "*dispel unwanted anger and hostility*". [C] attributes the eventual resolution to being able to talk about his problems and separating from his wife's behaviour.

6.5.4 Planning to have a better future, progress toward future aspirations and improved self-esteem

Creating a vision for a better future and achieving steps towards their goals can improve clients' self-esteem. Nathanson refers to "competency pride" whereby achievement creates positive affects and maintains interest; this link is reflected in the moderate association between taking action and persistence (Table 17). For example,

This whole experience and the counselling have really made me grow as a person. I've had to take responsibility my own actions and it's been good. [E]

Survey responses indicate a moderate association between the planning for a better future and indicators of improved self-esteem (Table 17). Seventy per cent of survey respondents who thought 'planning for a better future' was important agreed that they were happier and relaxed more often as a result of counselling. Planning and goal setting was said to reduce the feeling of powerlessness and stress associated with a crisis (6.2.7), which may explain the moderately-strong association with 'I feel happier and relaxed more often'. There were weakly-moderate associations between planning and feeling that 'others had a better reaction to me now' and 'I have more confidence in my parenting', indicating improved relationships which are central to positive life experience (1.3). Seventy per cent of survey respondents hoped for a better future, but tended to only agree rather than strongly agree.

Table 17: Associations between planning for a better future and indicators of self-esteem

I am happier and relaxed more often	***
I have more confidence in my parenting ability	**
I/We are persistent and will try again and again to make things better	***
I feel like other people have a better reaction to me now	**

Note: * = .55 to .59, ** = .60 to .74, *** = .75 to .90, and **** = .91 to 1.00 (Gamma)

6.5.5 Learning how we can make things right and improved relationships

Respondents who rated 'learning how we could make things right' as important, also strongly agreed they had a 'better understanding of their behaviour' and were 'better able to decide how to respond to conflict' (Table 16). They also agreed that people had a better reaction to them (0.81, .12). An example of the direct link between the scripted questions used to explore the impact of behaviour and restoring relationships by making things right is the case where two brothers attended seven counselling sessions where the scripted questions were used to help them understand the impact of their fighting and anger on each other and on their mother. [I] *They rarely fight now, are good friends and when their father picks on the eldest son, the younger one defends him.*

[E] is an example of the restorative and 'healing' effect of making things right in a relationship:

[Ex-partner] *has apologised for the grief he caused. Even though for a really long time I was really angry with him I've been able to get on top of that. It is what it is and I can't change it and I've been able to forgive him for what he's done. I don't want it to drag me down. I've spent 3 years spending time to find out where I'm at as a person*".

7 Improvements and new directions

In the course of the interviews, two parents mentioned that a **'specialised course' for managing teens** would be very useful. These parents needed immediate assistance with difficult behaviour and in one instance expected some 'take home' strategies and therefore wasn't receptive to theories. Making the counselling more relevant to practical and immediate needs by selecting tools for the client to try immediately was discussed in Section 6.3.1.

Two clients indicated an interest in learning more about the theory but didn't feel they had time during counselling because the *"the sessions were sorting out access and figuring out immediate needs that took up a lot of time"*. **A short course for former clients, in the evening, would give them the opportunity to refresh their knowledge of the framework and learn more about it.** GFSS staff also suggested that they could follow-up after 6 months with clients and offer a 'tune-up' revision session. They acknowledge it takes practice to change behaviours, and sometimes clients are tested and 'trip'. GFSS currently ring after 2 months to assess whether to close the case.

[K] made a number of suggestions, including **role plays to practice the skills and perhaps "videos instead of booklets that some people just don't absorb."** He also thought there would be a proportion of **inmates in their final 3 months** of their sentences that would be receptive to skills that would help them control their responses and transition back to urban life. The wardens could nominate prisoners that were already working towards making a better future for themselves.

Two cases mentioned that **the service was free and accessible**. Two clients suggested that **opening after 5pm on at least one evening per week** would assist single working parents to attend with their children or where clients find it difficult to get time off work.

8 Summary and Conclusions

Referring agencies such as community health, the police, probation and parole, and schools, have an expectation that the counselling will facilitate behavioural change and ultimately reduce the impact on the family, the broader community and public resources. An indicator of engagement of the referred clients with the service is: 43% of clients returned for at least five sessions and 30% for more than seven. Five sessions is considered adequate to take on at least some of the new knowledge and skills to affect behavioural change. Approximately 20% of the clients referred by court order for domestic violence requested a change to an alternative program.

Referring agencies rarely monitor their successes and assume if they don't see them again the intervention has worked for at least some cases. The Traffic Offenders Program keeps statistics that indicate most offenders attribute GFSS counselling with learning to take responsibility for their own behaviour and a reduced rate of recidivism. The demographic served by GFSS is highly mobile which may also account for the disappearance of some cases. However, agency officers were able to recount examples where the service had helped to:

- reduce domestic violence and family conflict,
- reduce recidivism, and
- improve children's performance at school.

The school pilot program of the affective framework was effective for the brighter students but perhaps only in the short term. Based on feedback from the principal and teacher it is recommended that the program could be tailored for two age groups, with an emphasis on understanding emotions and behaviours for 7-8 age group and an emphasis on resolving conflicts for 10-11 age group. Reinforcement, at home and school, and revision are required to increase the long term benefits for primary students.

Clients' motivation to change was a barrier to engagement in any counselling and was mentioned by all agency staff interviewed. Agency staff raised a number of issues related to engagement and learning, which were corroborated by the responses from clients:

- times of crisis are not conducive to learning new concepts about emotions,
- some clients had difficulty sustaining an intellectual interest over several sessions to work through the process,
- the use of age inappropriate visual aids,
- the use of the word 'shame' had connotations in everyday language that made some people uncomfortable, and
- the involvement of the whole family places some responsibility on the victims of domestic violence.

There was no evidence that the EAP had effected long term behavioural change for initiators of physical domestic violence. For the cases experiencing domestic violence who participated in this evaluation, the service facilitated separation where clients could not see a way forward as a couple. With the co-operation of Probation and Parole, who are currently conducting a longitudinal study of domestic violence offenders, it may be possible to track the rate of recidivism of offenders referred to GFSS. The Brighter Futures Evaluation (2010) found that 'some never improve' (p. 159) and that where the program supported parents to leave abusive partners, parenting improved because the remaining parent was 'much calmer and more patient'. They also found that engaging the abuser was often difficult and noted that engaging the whole family would 'strengthen outcomes' (p. 161). This conclusion endorses the approach taken at GFSS.

It was apparent that some agencies lack understanding of the EAP and the potential benefits for mutual clients. Opportunities to build a better understanding include participation in the 'Keep them Safe' Family Case Management Group, and presenting a proposal to work with DHS as a conflict management service where a household has an agreed safety plan.

It was difficult to get former clients to participate in the evaluation, largely because of the mobility of this demographic. The data were positively skewed, possibly because the ones that voluntarily participated were happy to share their success whereas non-participants were less likely to want to talk about their failure to progress. However, participants in the evaluation were encouraged to give honest and frank feedback about the practice and the impact on their issues, and they provided both positive and critical comments in doing so.

Eighty per cent of participants overall reported positive outcomes and largely attributed this to the counselling they attended at the Goulburn Family Support Service. A small proportion attributed positive outcomes to factors other than the GFSS and another small group reported that the issues were only a little better. The service had most success:

- resolving family/relationships conflict,
- support for families affected by marriage break-downs and separation,
- support for those family members affected by another's mental illness, gambling or drug and alcohol abuse,
- supporting parents to cope with their children's behaviour,

- helping younger children to understand their emotions and control their response to tension and conflict, and
- helping adults control their substance abuse (6.1.5), where they were motivated and could attend the service for revision and follow up support.

The evidence from the surveys and interviews substantiate the effectiveness of the EAP in providing people with the knowledge and skills to experience better and more peaceful relationships. The EAP increased most clients' capacity to understand their own and others' feelings and behaviours, the impact of their behaviour on others and to safely point out the impact of others' behaviour. Through this understanding people could:

- start to control their behaviour and choose their response,
- view conflicts through a different lens and feel less hurt by others behaviour, and
- where appropriate work out what needs to happen to 'make things right'.

It appears that the framework is less effective in creating behaviour change where:

- parents were seeking to change the behaviour of rebellious teenage children, and
- mental health issues confound the individual's ability to learn new ways of dealing with their emotions and interactions with others.

A primary aim of the service is to provide clients with new knowledge and skills. There was evidence that some clients need revision, after they have dealt with their crisis, to make significant and permanent changes not only to behaviour but to damaging scripts that trigger their responses. Clients attending the Brighter Futures program also wanted 'refresher courses' and some were anxious about exiting the program because they felt they would be on their own.

A number of suggestions were made by clients in relation to accessing the service and educational materials and courses (7) including:

- specialised courses for managing teen behaviour,
- short, evening course for former clients to refresh and expand their knowledge,
- use role play to practice the skills,
- produce a video to supplement booklets, and
- open the service at least one evening per week for working parents.

For some clients the emotional release from talking about their problems with a counsellor was the most important component, as an alternative to burdening family or friends. It appears that talking helped clients understand their behaviour and that of others, and in some case provided 'answers' to explain why their crisis had occurred. There was some evidence that some clients, who are looking for this 'conventional' style of counselling, may be put-off by the process of going through the Affect Script Psychology. The process provides a guide for the counsellors to give clients access to the knowledge and skills in plain English. However, to maintain the clients interest the teacher has to repeatedly show the relevance of the EAP to the client. This might entail changing the order of things or pitching it in a different way.

Clients' evaluations of the components of the practice highlighted some opportunity for improvement (6.3.1) including:

- agreement between counsellor and client to the expected outcome for the counselling and for each session at the outset,
- using age appropriate visual aids, referring especially to the cards depicting bears, and
- discussing with the client their reasons for resistance to the process and adjusting the counselling accordingly.

Overall, the observed outcomes substantiate the outcomes expected by the GFSS staff and committee (Figure 2). There was strong evidence that the intervention had led to personal/psychological changes for most clients (6.4.2) and had affected longer-term outcomes for most clients, such as:

- more wholesome responses to conflict, and consequently reduced emotional and verbal abuse, and improved their relationships;
- maximised positive affects;
- less social isolation;
- improved parenting and consequently outcomes for children; and
- reduced substance abuse; and
- reduced call on community resources.

There was little evidence that the intervention had led to changes in physical domestic violence, and homelessness. However, the service may well have many successes that were not captured in this evaluation. GFSS contributes to preventing homelessness by reducing the family conflicts that may eventually lead to estrangement of a family member. In that sense, it is a secondary outcome, and it would be conjecture to make an attribution to the counselling. The impact of the service on these issues may require a study focussed on a single issue or, in the case of DV, collaboration with agencies to monitor recidivism.

8.1 *Comparison of findings to other family support services*

Comparing the findings of this evaluation with other services is difficult because different services are offered and because there are few evaluations conducted on family support services in Australia. The lack of evaluation may be a consequence of the funding limitations and the inability of services to define their interventions or to be able to explain a process, like the EAP. Family support services vary in the services offered, such as courses and support for self-development and parenting, playgroups and mentoring. The GFSS engages the whole family related to any issue causing conflict. A meta-analysis in the United States found that only 2% of services met the broad range of needs that families might experience.

The GFSS compares favourably to similar services that focused solely on parenting. Australian family support services that were independently evaluated in recent years that focused on parenting and children's social and emotional development found 'modest improvement' (Katz *et al.*, 2010) and "... the data does not claim momentous change ..." but expresses the "benefits of the program to the families' well-being" (Clark and Cheers, 2005 p. 37). These studies reported that the children's behaviour and school attendance improved, and parents displayed more positive practices, and child safety. In both cases the evaluations were completed soon after the completion of the programs so the sustainability of changes is not known. A meta-analysis of 255 family support services in the United States found that programs had 'very small or no effects on parents' understanding of child development, attitudes about childrearing or behaviour with their children' (Layzer *et al.* 2001, p. A5-42). Potentially meaningful effects were found for children's behaviour problems and emotional stability and school behaviour, and child safety (p. 61). The GFSS also compared favourably to the US programs that supported the whole family, about half of the US programs had 'small or no effect on family functioning'. A focus on parenting support for children with behaviour problems has a larger effect for parents developing self-confidence, self-empowerment and family management. Interestingly, "The average effect of family support programs is greater when only outcomes for young children are considered" (p. 60).

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Appendix 1: List of Shame Labels

(Source: GFSS)

Awe	Indignity
Awkwardness	Inferiority
Bad	Inhibition
Bad character	Insecurity
Bad conscience	Jealousy
Beaten	Lose face
Clumsy	Loser
Contemptible	Low self-esteem
Criticised	Modesty
Defeated	Mortification
Defective	Poverty
Deficient	Prude
Demoralised	Privacy
Dirty	Rejected
Disappointed	Self-conscious
Discouraged	Self-doubt
Disrespect	Sexless
Embarrassed	Shame
Emotionally paralysed	Shyness
Envious	Sick at heart
Exposed	Sluttish
Failure	Stupid
Fake	Trivialised
Flawed	Ugly
Foolish	Uncool
Frustrated	Untrustworthy
Greedy	Vulnerability
Guilty	Weakness
Helpless	Wimp
Humiliated	Whore
Hurt feelings	Whoremonger
Hurt pride Ignored	
Imposter	
Impotent	

Appendix 2: Mailed Survey (condensed)

1. You may recognise the following question from counselling sessions at the Goulburn Family Support Service.

From one to ten, how do you feel today?

1	2	3	4	5	6	7	8	9	10
bad				OK					good

You should not complete the survey if you are feeling less than OK. If you start to feel worse you should stop.

2. In a few words, please tell me about the issue/s you or your family came to Goulburn Family Support Service to talk about?

- ☐ family conflict
- ☐ behaviour management
- ☐ physical violence
- ☐ sexual abuse
- ☐ verbal or emotional abuse
- ☐ controlling behaviour using financial control
- ☐ spiritual coercion
- ☐ parenting skills
- ☐ drug and alcohol issues
- ☐ gambling
- ☐ housing
- ☐ financial crisis
- ☐ homelessness
- ☐ mental health
- ☐ teenage pregnancy
- ☐ Other, please specify

3. In a few words, can you tell me how you were affected by these issues and your role in them?

4. Were there other/new issues that came up during counselling? Yes /No
In a few words, please describe these other/new issues.

5. Did other family members attend counselling with you? Yes / No
What relationship to you were they?

6. How many sessions did you and your family have with the GFSS counsellors?
☐ 1 or 2 ☐ 3 or 4 ☐ or more

7. Have you been to Goulburn Family Support Service over the years for different reasons?
☐ Yes, over several different periods
☐ No, just for that one period.

8. We want to understand which aspects of the Goulburn Family Support Service counselling made a difference for you and/or your family, the last time you came in for help. Please **rate the things that you feel made a difference** by circling one response to the following statements.

I could talk about my problems with a counsellor

not ——— important ——— somewhat ——— very
important important important

Learning about how emotions and memories trigger behaviour

not ——— important ——— somewhat ——— very
important important important

Learning about how we react differently to 'shame and humiliation'

not ——— important ——— somewhat ——— very
important important important

Learning how to improve my parenting

not ——— not ——— important ——— somewhat ——— very
applicable important important important

Learning how we could make things right

not ——— important ——— somewhat ——— very
important important important

Solving my immediate needs like housing, food and safety

not ——— important ——— somewhat ——— very
important important important

Planning to have a better future and setting goals and action to get there

not ——— important ——— somewhat ——— very
important important important

9. Please tell us how your experience with Goulburn Family Support Service counselling has **impacted on you** by circling one response to the statements below:

I have a better understanding now of my feelings

I have a better understanding now of the feelings of others

I can talk about my feelings with people close to me

strongly ——— disagree ——— neither ——— agree ——— strongly
disagree agree

The people close to me understand my feelings

I have a better understanding of my behaviour

I have a better understanding of the behaviour of others

I am better at talking about my behaviour with those close to me

I am better able to decide how to respond to conflict

I have more support from the people close to me

I can safely point out to others the trigger for their behaviour

I feel like other people have a better reaction to me now

I feel happier and relaxed more often

I am more sociable with people outside of the home now

I have more confidence in my parenting ability

I feel I am now better able to meet my physical needs and my family's needs, for instance, food, housing, education, employment or Centrelink benefits.

10. Please tell us how your experience with Goulburn Family Support Service counselling has **impacted on your family** by circling one response to the statements below:

More of the time we spend together is positive and joyful

Not applicable strongly disagree agree strongly agree

The children are happy and relaxed

The children are better behaved

The children are doing well at school

Gambling is less of a problem for the family resources

Drugs are less of a problem

Alcohol is less of a problem

We have more satisfactory and stable housing

11. Overall, do you feel like the **issue/s** you talked to Goulburn Family Support Service about **have improved or become worse?**

Please circle one of the phrases below.

Much worse Little worse About the same

Little better Much better No longer of a problem

Please give an example of the changes you have noticed.

12. Can you tell me what you think **helped** and what you think **hindered** by circling one response to the following statements.

Government agencies were doing enough for me and/or my family

not applicable strongly disagree neither agree strongly agree

I/We could get transport to get to counselling most of the time

GFSS counselling services were available when I/we needed them most

I was/We were comfortable taking on new ideas and doing things differently

I/We have hopes for a different future and are taking actions to get there

I am/We are persistent and will try again and again to make things better

The health of family members can cause bad moods or use resources

Household members are constantly moving or there is overcrowding

13. Have you faced new issues without the counselling? Yes / No

If you answered yes, were you pleased with how it went? Yes / No

14. Is there anything else you would like to tell us?

15. Now that you have completed the survey please rate your feeling.

From one to ten, how are you feeling now?

1 2 3 4 5 6 7 8 9 10
bad OK good

If you are feeling less than OK, we recommend that you talk to a counsellor or one of the services listed below today.

Appendix 3: Interview protocol

Thank you for agreeing to be interviewed. We are interested in your experience with the Goulburn Family Support Service and the difference it has made to you and your family. We would like to emphasize that we are not evaluating you personally. You can choose not to answer any of the questions and can stop at any time. You can ask questions at any time. All the information disclosed is strictly confidential. The information you tell me will become part of a report which will be published without identifying individuals or families. Are you happy for me to tape the interview which I will erase as soon as I've typed a record of the interview. Yes / No

- Have client sign a consent form, if not already done so.

Guiding questions for interview

1. Let's start with how you are feeling today?
[use the ratings sheet used by GFSS]
2. Can you tell me when you first came to Goulburn Family Support Services, what was it you wanted to talk about?
 - ☐ family conflict
 - ☐ behaviour management
 - ☐ physical violence
 - ☐ sexual abuse
 - ☐ verbal or emotional abuse
 - ☐ controlling behaviour using financial control
 - ☐ spiritual coercion
 - ☐ parenting skills
 - ☐ drug and alcohol issues
 - ☐ gambling
 - ☐ housing
 - ☐ financial crisis
 - ☐ homelessness
 - ☐ mental health
 - ☐ teenage pregnancy
 - ☐ Other, please specify
3. Did other family members come along?
4. What relationship to you were they?
5. Did you have to persuade them at first? Y/N
If Yes – Can you tell me what it was that convinced other family members to come to the sessions?
6. Were there other issues that came up during counselling?
7. Taking each of the issues you've mentioned ... how would you say it's going now?
Has there been a noticeable change?
Can you give me an example to demonstrate that?
8. Can you tell me what you think helped and what you think hindered? [prompt the following topics and ask how each helped or hindered]
 - community services were/weren't 'doing enough for' the client,
 - transport to get to counselling or other services
 - availability of counselling services when it was most needed
 - openness to taking on new ideas and doing things differently
 - hopes for a different future and are taking actions to get there

- persistence – trying again and again and again
 - health of family members (affecting moods and resources)
 - constantly changing household members or overcrowding
 - multiple compounding issues
9. Do you recall any of the ‘tools’ discussed with GFSS counsellors?
How did you feel about that? or What did you think of that?
[use list as a memory prompt after they have a chance to volunteer information]
- Talking about my problems with a counsellor
 - Learning about how emotions and memories trigger behaviour
 - Learning about how we react differently to ‘shame and humiliation’
 - Learning how to improve my parenting
 - Learning how we could make things right
 - Solving my immediate needs like housing, food and safety
 - Planning to have a better future and setting goals and action to get there
10. Have you been able to use what you learnt during counselling?
Can you tell me how that went?
Were you able to respond differently to a situation because of what you learnt at counselling?
Do you think other people responded differently to you?
11. Have you or your family faced new issues without the counselling? Y/N
Do you want to tell me briefly what happened? What was the result?
12. Please tell us how your experience with GFSS has impacted on you and your family by responding to the statements below:
- I have a better understanding now of my feelings
strongly——— disagree——— neither——— agree——— strongly
disagree agree
- I have a better understanding now of the feelings of others
I have a better understanding of my behaviour
I have a better understanding of the behaviour of others
I am better able to control my behaviour
I can safely point out to others the trigger for their behaviour
I feel like other people have a better reaction to me now
I feel I am now better able to meet my physical needs and my family’s needs, for instance, food, housing, education, employment or Centrelink benefits.
13. Is there anything else you would like to tell us?
14. What score would you give how you are feeling now?
[If less than OK... suggest/make an appointment with GFSS counsellors or one of the services below]
15. *Could a counsellor from GFSS contact you in a week or so to check how you are going?*
YES/NO

Thank you so much for your time and contribution towards helping the family support service grow.

Appendix 4: Interview questions – referring agency staff

Who do you refer to GFSS and why?

Describe the outcomes or results you have observed for families/individuals following GFSS counselling.

[Assign a timeframe to each of these outcomes/results i.e. short-term, longer-term]

Do the results/outcomes occur in specific circumstances?

Do the results/outcomes affect individuals or whole families or the broader community?

Can you please describe the outcomes in an hypothetical 'ideal scenario'?

What circumstances or events might be a barrier to getting a good result?

What circumstances or events might actually help bring about a good result?

Is there anything else you'd like to add to your observations/comments about the GFSS?

Appendix 5: Overview of outcomes by the degree of improvement in the issue presented (* designates interview responses)

	about the same	a little better	much better	no longer a problem
Improved family relationships	Client didn't engage with the process ... <i>I felt distressed after each session,...I couldn't get anything across and wasn't achieving anything.</i> *		<i>My eldest child came home after 7 months. As a family we are interacting better and are happier.</i>	<i>Our marriage finished so it's not an issues anymore</i>
		<i>Our relationship with our son and his partner has improved a little.</i>	<i>I am able to make the right decisions for my family as the result of family support . They helped me move forward. They do an excellent job.</i>	
		There hasn't been much improvement but [husband] did understand why [wife] was upset and "sees the need to communicate but doing it is a different matter". *	<i>We communicate better and talk about issues together and make decisions together. It is a work in progress but we both have the same goals for the family unit to be happy.</i>	<i>[The Counsellor] used to always say don't go around there and cause trouble because then you're only getting them excited as well as, they can come back at you and your standing there on your own. Yelling and screaming will only alienate [daughter] more. I could see that what [counsellor] was saying was right.*</i>

			<p><i>I am able to handle things, I don't cry as much, I don't get angry over small things. As I have probably indicated by this survey counselling at GFSS was invaluable to me and I would not hesitate to return should the need arise. Thank you.</i></p> <p><i>I dealt with what was bothering me at the time, as well as the ability to deal with whatever comes up in the future. The process helped me ...I told people what had happened but was looking for something that explained it ... I wanted to know why it happened? Wondered why I couldn't see it and why no one had told me. I think my family said something but I was listening.*</i></p>
Improved parenting skills	<p><i>I have learnt skills to switch off and not take her behaviour personally</i></p>	<p><i>The way I think and address situations has improved. I feel more confident with situations, and when the need arises seeking professional help.</i></p>	<p><i>We are able to deal with negative behaviour better and do much less screaming and yelling. We now know that doesn't achieve the desired result. We are grateful for having someone spend the time to help us resolve our issues at home and help us see that we as parents we're part of the problem with how we reacted to the behaviour.</i></p> <p><i>Girls are doing well now, both are finishing school, she attributes this to growing up and not hanging around the wrong people. Case notes indicate that the counsellor encouraged [G] to take back</i></p>

			control over her girls socialising and truancy. *
Less physical and verbal abuse	<p><i>GFSS had a short term affect but didn't change my husband's behaviour. He went to an anger management course in another city which worked.</i></p> <p><i>My son is not aware of his impact on others because of psychosis; for which he is being treated.</i></p>	<p><i>My ex-husband has improved his behaviour but still impacts on us a bit. I'm looking after myself, with ongoing counselling after the abuse.</i></p>	<p><i>My children and I are doing well. Before family support I felt like we were living in a war zone. Now we are all settled again.</i></p> <p><i>DV is no longer a problem. When [daughter] first split up she went to talk with a counsellor ... we could see that the counselling helped.</i></p>
Improved behaviour management		<p><i>[Son] came along after the marriage had broken up because of his fighting with his sisters and disruptive behaviours socially and at school. [Son] liked it and found it useful ...if he did get angry he could settle himself down. He was really angry for a long time but is coming good again. He is 15 now. It gave him the skills to</i></p>	<p><i>I've moved on and don't give [ex-husband] the chance to play mind games. The counselling helped me understand people's behaviour. My sons are normal teenage boys. We're working on motivation to complete high school next year.</i></p> <p><i>Upon his release from prison [K] went back to see [the counsellor] and "learnt how to choose whether</i></p>

		<p><i>understand his own feeling. * [J] is better able to moderate his behaviour. He said he's a lot different now and can talk pause before reacting.</i></p> <p><i>to respond and how to respond to conflict". [K] could see the benefits in learning to control his behaviour.</i></p> <p><i>I am not in any trouble and have not been since family support. I have full-time employment as an apprentice. I am drug free, working, and happy with my partner.</i></p>
Less gambling		<p><i>A little better because wife appreciated me going to counselling to clear the air.</i></p>
Less drugs and alcohol abuse	<p><i>He does well to start with, not drinking and saving money then suddenly regresses. He was on a sedative and all he did was eat and sleep. They do keep him calm and from getting angry.</i></p>	<p><i>The children are now older and I had a rebellious teenager and can make the choice not to stay an unco-operative husband. As at their father's house when his time passed the issues eased girlfriend is there.</i></p> <p><i>I have cut out drinking and have a much better relationship with my partner and family. Ever since I sought counselling my family's life has been a great improvement. Thank You.</i></p>

Appendix 6: 'Separating with dignity' by the degree of improvement in the issue presented (* designates interview responses)

	A little better	Much better	No longer a problem
Separating with dignity	<p><i>... what helped me get through and the service was quite beneficial was the ability to talk with a counsellor, and to expel any unwanted hostility.*</i></p>	<p><i>The children are more settled, we have better coping abilities and I don't let things get to me.</i></p> <p><i>Because [husband] wanted to stay it wasn't hard to get him to come along. As issues were being brought up he didn't want to come anymore; as he was confronted with his behaviour. [F] kept coming on and off over the next 2 years and then caught her husband having another affair so came back again for support through the separation. "What the counselling does helps you to see a different future and to plan for it." *</i></p> <p><i>Initially went to reconcile marriage then wife felt manipulated. Counselling helped [J] talk to her about why the marriage had failed. They were on amicable terms until the wife started a new family in another state. The counselling helped him moderate his behaviour and his daughters realise their mother's behaviour is <i>not about them</i>. *</i></p> <p><i>The boys are pretty good accounting for puberty. GFSS counselling made some difference to their behaviour and they learnt how to react to bullying. The youngest one thinks deeply and understands all of what was said and the impacts on mum. He was his father's favourite and he's better behaved. They rarely fight with each other and are good friends. The boys understood a bit about their father and the mess he left but I don't want to diminish him in their eyes.*</i></p>	<p><i>[The counsellor] helped [N] "to separate amicably. [The counsellor] explained the compass which showed [husband] that he could choose to react a different way instead of 'attack others. He then 'owned his behaviour' and would pause before reacting so they could get through the separation with less stress.*</i></p> <p><i>It was really beneficial to me and has helped me progress and move forward. The issue was apart my partner suddenly leaving when I had a new baby, I don't have a lot of family support. It was shock and I needed support. *</i></p> <p><i>I had the choice there to be bitter and be detrimental to myself or realise he was wrong about me. [The counsellor] gave me some tools that enabled me to look myself instead of going it's all [husband's] fault. *</i></p> <p><i>[P] went with abusive husband and subsequent partner who wasn't coping with being a step-parent. The sessions helped [P] to feel secure in myself ... It gave me new clarity about my emotions and behaviours... it explained cause and effect. Her children are doing well ... they are nice people. They've been exposed to a self-destructive father so she kept the CoS which has been useful to help them understand their behaviour on occasions. *</i></p> <p><i>The GFSS tools and sheets helped them talk without getting upset. She is still aggressive and the tools help</i></p>

	him to detach from her behaviour. Things are amicable now for the kids sake.*
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