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The Portuguese Online Lighthouse MBT-P: Feasibility and Caregivers' Perceived Processes of Change

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**THE PORTUGUESE ONLINE LIGHTHOUSE MBT-P: FEASIBILITY
AND CAREGIVERS' PERCEIVED PROCESSES OF CHANGE**

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AVISOS LEGAIS

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I recognize the importance of having been introduced to the concept of mentalization in the first year of my master's degree in clinical psychology, in Professor Dr. Paula Mena Matos's subject, who really fascinated me at first sight. Then, when Professor Dr. Célia Sales invited her students to participate in this mentalization related project, the pieces started to fit together. If we count since the discovery of Theory of Mind in chimpanzees by Premack and Woodruff (1978), it has been about four decades until today, in which the valuable information about the functioning of minds in relation to other minds illuminates the landscape of a more cooperative, long and healthy future. It was still at the end of the last decade that Gerry Byrne and collaborators developed the Lighthouse program, and at the beginning of the twenties of this century that he made himself available, together with Jana Volkert, to guide us on this path, as if they were two guiding stars. The network of therapists and researchers who still venture into these seas is truly an example of union, dedication and rigor. I leave a special hug to Dr. Ana Cruz, for her kindness to put me at ease in the group I observed; and to the parents from the group I observed, for having opened the doors to their privacy and allowing them to be investigated. It was an incredible and wonderful learning. Furthermore, I recognise the importance that, over this last year, I have been able to cross paths with Professor Dr. Margarida Henriques, Dr. Vânia Monteiro and, again, Professor Dr. Célia Sales, as their brilliant insights have helped me to focus attention on a structural problem in the Portuguese health system, which is that of access to mental health. Since the COVID-19 pandemic, the issue has been more evident and discussed. Following this vent, it is an honour to have had the opportunity to contribute to the adaptation of this, in my opinion (and not only), miraculous parenting program, which is promising and tends to be accessible for parental mental health in Portugal. I owe a big acknowledgement to the participants of both groups in this pilot study for what I could learn from each of them, because the process of personal change is contagious! Finally, a big hug to my friends, who know who they are; to my family, who are in my blood; to everyone involved in this project, who without their will none of this would be possible; and to the readers... best wishes!

Table of Contents

Abstract	1
Introduction	2
Method	4
Intervention and its preparation	4
Participants	8
Patients	8
Therapists	8
Measures	9
Procedure	10
Adaptation of the Lighthouse 12 session	10
Data Collection	11
Data Analysis	11
Results	13
Feasibility of the Program and of the Research Protocol	13
Perceived Change and Associated Processes	14
Discussion	19
Conclusion	22
References	23
Appendix A	26
Appendices B	27

Abstract

Parental mentalizing is the caregivers' ability to actively try to understand their child's intentional mental states underpinning behaviour. Failures in parental mentalizing can lead to risk of intergenerational abuse and neglect, which is related to psychopathology. A growing need for online parenting interventions, due to the increase in parental stress during the COVID-19 pandemic, makes evident the need to adapt the Lighthouse MBT-P program to its Portuguese online version. In this context, the intervention was adapted, and a network of senior national therapists were trained and supervised during the facilitation of the program. The candidate was involved in all steps of the adaptation, training, assisted to one group intervention and all supervision meetings. Moreover, he prepared the research protocol and gave logistic support during the data collection process. This article presents the study of two online groups, and pursues two major aims. First, to assess the feasibility of the online version of the Portuguese Lighthouse MBT-P 12-week, as well as the feasibility of the research protocol. Second, to explore what, when and how perceived therapy related change processes occur. The sample was composed of 14 caregivers of a sub-clinical population, who answered Helpful Aspects of Therapy and PSYCHLOPS session-by-session measures, and Client Change Interview at the end of the intervention. Qualitative data was thematically analysed and discussed with the scientific supervisor in iterative cycles. The results suggested the program's efficacy in promoting parental reflective function, parental sensitivity, emotional regulation and parental self-efficacy. The online 12-sessions Lighthouse program is feasible, with high therapeutic compliance. However, the session-by-session data collection using the above measures is difficult, and the data collection procedure needs future adjustments.

Keywords: Mentalization, Parental reflective function, Parental stress, Parental self-efficacy, Parental sensitivity, Family alliance, Emotional regulation, Lighthouse program, Perceived change, Change processes, Feasibility study.

Introduction

Mentalization is the ability to interpret human behaviour in terms of intentional mental states [thoughts and feelings in self and others] (Allen et al., 2008). More specifically, parental mentalizing is the caregivers' ability to actively try to understand their child's intentional mental states underpinning behaviour (Volkert et al., 2021). Mentalizing has been linked to stress resilience, just as impairments in mentalizing have been linked to psychopathology (Fonagy & Bateman, 2006; Luyten et al., 2020). Mentalization develops naturally in human brains as soon as in early childhood, in the context of secure attachment experiences (Allen et al., 2008; Fonagy & Target, 1997; Fonagy & Bateman, 2006; Luyten et al., 2020). Thus, the caregivers' mentalizing capacity is crucial for the promotion of a fertile ground for the child's mentalizing development (Fonagy & Bateman, 2006; Luyten et al., 2017; Luyten et al., 2020). Mentalization-based programs for parents are important, since they aim at reducing the risk of harm and to help parents better understand and respond to the needs of their child (Volkert et al., 2021).

The manualised Lighthouse MBT parenting program has a particular focus on attachment and child development and has been developed specifically for high-risk parents to interrupt the intergenerational transmission of poor mentalizing skills and support parental reflective function (Byrne et al., 2019). The program resorts to attachment related metaphors to assist mentalization-based psychoeducational input in order to (a) increase emotional awareness and "psychological mindedness" (Byrne & Edgan, 2018), (b) teach or translate concepts from one arena to another (Folmo et al., 2021) and (c) improve epistemic trust, i.e, patient's

judgments of trustworthiness and relevance of social transmitted knowledge (Campbell et al., 2020; Folmo et al., 2019; Fonagy & Allison, 2014)). Moreover, the program aims to activate the attachment system through the discussion of past and current attachment relationships and “the therapist’s encouragement and regulation of the patient’s attachment bond to him or her [or the group] through the creation of an environment that assists with the patient’s regulation of affect” (Fonagy & Bateman, 2006, pp. 424-425). The Lighthouse metaphors also assist in challenging patients’ maladaptive patterns avoiding direct confrontation and making unconscious patterns conscious (Folmo et al., 2021).

To describe the underlying mechanisms of change in MBT, Folmo et al. (2019) suggested that therapy works through three levels. First, the establishment of trust in the therapist allows the patient to learn new content about mental states of self and others. Secondly, the therapy fosters mentalization through a process of reflecting mental states; and thirdly, the patient’s generalisation of trust relaxes a hypervigilance in social situations, which in turn opens for new social learning. Thereby, the establishment of trust in the group fostered by genuine interest in mental states, followed by a mentalizing stance, and the attachment-based metaphors “designed” to help parents “counteract the normal pattern of attachment related deactivation of mentalizing of negative emotions” (Fonagy & Bateman, 2006, pp. 424-425) are the primary focus of the Lighthouse MBT-P intervention. A feasibility study conducted by Byrne et al. (2019) suggested the program’s efficacy in improving parental sensitivity and self-efficacy. Moreover, the results from a feasibility study in Finland with first-time parents (Sourander et al., 2021) and other study with parents in entrenched conflict (Hertzmann et al., 2016) using MBT for parents, suggested that the relationship between partners can improve or become more tolerable.

Recently, parents who were teleworking reported more difficulties in parent-child activities and coparenting during the COVID-19 pandemic (Antunes et al., 2021). The increasing parental stress and lockdown seasons evidenced the need to have online parenting programs, to promote its accessibility in family complexes. Also, the fact that there is the possibility of online intervention, makes it possible to form groups at more flexible times, as well as with participants from more distant geographic areas. The successful promotion of secure attachments can have far reaching health and cost-benefits for children, their families, and society (Byrne & Ruggiero, 2018). Thus, the online adaptation of the Lighthouse program is a promising bet to bridge access to parental health.

The Lighthouse MBT parenting program has been adapted to Portugal by our research team, and this is the first study of the feasibility and caregivers' perceived processes of change of its online version. In particular, we aimed 1) to assess the feasibility of the online version of the Portuguese Lighthouse MBT-P 12-week, as well as the feasibility of the research protocol; and 2) to explore what, when and how perceived therapy related change processes occur.

Method

Intervention and its preparation

The intervention consisted of the application of the 12-weeks version of the Lighthouse program for a group of parents, which was developed by Byrne & Ruggiero (2018) for the outpatient model of care in Western Australia. The translation and adaptation of the program were part of this dissertation work. The candidate prepared a preliminary translation of the manual, including the materials used in the sessions, subtitled videos used in the sessions so parents could understand it, prepared the data collection online forms, and gave support to the participating therapists regarding the logistics of the research protocol. For the purposes of

this article, we only analysed monitoring qualitative data of the groups conducted online, as described later in the Method.

We briefly summarize the intervention. The main objective of the *first session* is to build a relational context of security in the group. Thus, acceptance is shown in relation to the diversity of feelings experienced in the group. To maintain focus on security, the metaphor of the lighthouse is introduced: the lighthouse as the structure which illuminates danger and the way for the safe harbour; the lighthouse keeper as the caregiver whose job is to keep the light on; and the villagers around the lighthouse that help the lighthouse keeper to keep the light on depict difficulties, as secure relationships around parenthood. Participants are challenged to think of past experiences of searching for the lighthouse in times of difficulty, as for present experiences of their own children's searching.

Session two is meant for participants to experience and practise genuine interest in the mental states of others and the self's. The mentalization-based metaphor of the lighting beam (expressing genuine interest) is explored through (1) a mentalizing and non-mentalizing words exercise and (2) a video of Dr Edward Tronik Still Face Experiment.

Session 3 aims to bring awareness to *what does your child need from you when he's stressed?*, through the rough seas metaphor (as times of difficulty) and the safe object exercise, where participants bring to the session one object associated with feelings of security.

Session 4 aims to improve emotional literacy in the group, as well as providing a positive experience of thinking with others about emotions that are relevant to them. Participants are asked to name emotions and assign them a colour, the intensity of which varies according to the intensity of the emotion.

Session 5 is about validating feelings and the development of the child's self through repeated experiences of accurate marked mirroring of emotions by caregivers. The metaphor of the child's silhouette - individual seen as a stereotype rather than colourful (emotional) and tridimensional (past, present and future) figures represented in the caregiver's mind - is introduced. Participants work the identification of occult feelings (beneath the surface) through exercising the metaphor of the prism - as the ability of caregivers to represent the full beam of colours the child could be feeling in a given situation, in order to help the child to represent his feelings in his mind.

Session 6 aims mainly to mentalize attachment relationships. Participants are introduced to the Strange Situation Experiment and asked to think about feelings that stayed with them at sea and that couldn't be taken to the safe harbour, and then to think what it's like to share that with the group.

Session 7 aims to explore ways of recognizing that we are on the raft - as when we disconnect thought from feeling - why are we on the raft and, eventually, getting out of it. Michael's testimony of being on the raft helps participants to make the bridge between the concept and their own personal history.

Session 8 aims to introduce piracy and battleships metaphors - as manifestations of an insecure and conflictual attachment relationship - where the child misbehaves and amplifies his anger feelings towards caregivers (piracy) and towards brothers and sisters (battleships) in order to feel recognized. Participants practice situations where the child is trying to reach the caregiver at a moment the caregiver is unavailable through role play, and are asked to mentalize their past and present conflictive interactions with attachment figures.

Session 9 aims to introduce the metaphor rooms in mind - as memories stored in the mind - with the purpose of improving awareness of which rooms are visited and which are avoided

(but can be accidentally opened), what are the sensations in our body when we open a room in mind and how do they affect our behaviour. The metaphor of the sharks or rocks beneath the surface - as un-mentalized negative feelings - helps participants think about dark rooms in mind, in the context of security in the group.

Session 10 aims to explore the reparation and forgiving attitude after an outburst of the projection beam - focus awareness on the defence mechanism of projection, involving accusing other people of harbouring unwanted mental states. Participants watch a clip to elicit a situation of conflict and then practice repairing relationships with children after conflict. The metaphor of the alien self - unmarked or mismarked feelings - is also introduced.

The structure of the *eleventh session* is the responsibility of the group members. This is their opportunity to "navigate" in any direction they like and share whatever they like with the group before the program ends. The open ocean metaphor is introduced to help participants bridge their children's progressive longer separations from the harbour as they grow up.

The *last session* of the program aims to work on its closure, bridging to the eventual feelings of loss that children can feel when losing a harbour. Participants are invited to reflect on what they take from the program and the group to their lives. Optionally, participants reveal their views on each other, including the program facilitators.

There was flexibility regarding the duration of the modules that make up the programme, prioritising openness and space for curiosity, thoughts, emotions, and reflections. The flexibility extended to the application of the modules, i.e., previous or subsequent modules were brought into the present moment if that was the need of the group.

Participants

Patients

A total of 14 parents were enrolled in two online 12-session groups. The inclusion criteria were having at least one child under 18 years old, and being interested in participating in this pilot study. The participants were recruited by convenience by therapists, who invited parents with whom they had a previous clinical relationship. Both groups were composed of subclinical populations, i.e., parents were not engaged in any psychotherapeutic intervention, but therapists considered that they could be open to and benefit from a parenting intervention. Group 1 was composed of 8 participants forming 4 couples. The couples had a mean of 2.75 (SD=0.96) children (2, 3 or 4 children each couple) and their children's mean age was 4.90 (SD=2.23), ranging from new-borns to 10 years old. One member of each couple had been previously enrolled in psychodrama therapy in private practice with one of the therapists who facilitated the program in this group. Group 2 was composed of 6 mothers of children enrolled in an obesity program at a paediatric service in a public hospital. From these mothers, 4 were married and 2 divorced. The mothers had a mean of 2.33 (SD=0.82) children (2, 3 or 4 children each mother) and their children's mean age was 12 (SD=3.82), ranging from 4 to 17 years old.

Therapists

The therapists who facilitated the program were part of a Portuguese practice-research network that joins therapists, researchers, and authors of the program for the adaptation of the Lighthouse program to Portugal. Therapists from Group 1 were both female senior therapists with more than 20 years of clinical practice and affiliated to private practice, whilst therapists from Group 2 were both female senior therapists with more than 20 years of clinical practice and affiliated to a Paediatric Service of a Regional Public Hospital in the north of Portugal.

The sessions of Group 1 were observed by the candidate, as a non-participant observer, duly authorised by participating therapists and parents, who supported therapists and participants in the collection process of the data.

Measures

Helpful Aspects of Therapy (HAT) (Llewelyn et al., 1988; Sales et al., 2007b) is a post-session self-report questionnaire that addresses clients' perceptions of significant therapy events (SE), i.e., something that happened, something that was said or done, or a specific activity during therapy. Clients are asked to identify and describe, in their own words, the most helpful and hindering events at the end of each session, and to rate the helpfulness of these events in a 1-5 scale, where 1 = "*didn't help at all*" and 5 = "*helped a lot*".

PSYCHLOPS (Psychological Outcome Profiles, Ashworth et al., 2004) is an idiographic outcome measure and promotes a patient-centred definition of therapy outcome. It includes questions on Problems, Function and Wellbeing, capturing data before, during and after a course of therapy. Change can be measured throughout the process of therapy. For the purpose of this study, only question 5 was used ("Now that you are in therapy, are there any other issues that have become important to you? If yes, write it in the next box. If there are multiple problems, indicate the one that worries you most. Leave blank if there are no other issues that have become important"), asking if new problems arise during the course of therapy.

Client Change Interview (CCI) (Elliott et al., 2001; Sales et al., 2007a) is a semi-structured instrument, with the aim of eliciting the clients' personal overview and evaluation of their therapeutic experience and perceived retrospective changes. For the purpose of the present study, the CCI consisted of ten questions regarding (a) any changes during treatment, (b) the possible reasons behind them, (c) aspects of therapy that may have helped or hindered these

change processes and (d) beneficial and adverse aspects of the research protocol. In addition, clients were asked to rate how important they have found each of the perceived changes on a 1-5 scale, where 1 = *not important at all* and 5 = *extremely important*; and if the change would have happened without therapy, where 1 = *definitely wouldn't happen* and 5 = *definitely would happen*. The interview lasted for approximately 30 – 90 minutes.

Session notes taken by therapists were also used, since “much useful information about the change process occurs within therapy sessions” (Elliott, R. et al., 2009, p. 547).

Procedure

Adaptation of the Lighthouse 12 session

To make possible the recruitment of national senior therapists interested in the program's adaptation and further testing, in their own clinical practice, a dissemination webinar about mentalization and the Lighthouse program was conducted by the program's developer (see Appendix A). The Portuguese Lighthouse network resulted in 17 therapists and researchers, including scientific supervisors, research assistants and the author of the original program.

The program's manual, as well as the written and video-recorded materials, were translated to Portuguese by the candidate. Activities were adapted by therapists and researchers to suit the online format.

The authors of the program made sure that the integrity and quality of the program was preserved. Therapists received pre-intervention training and clinical supervision of accredited supervisors-trainers throughout the intervention (once a week).

The materials for the data collection for the purposes of this study were discussed and prepared by the authors of the program, the scientific supervisors and the candidate.

Data Collection

Data collection took place online between December 2021 and May 2022. The ethics committee of the affiliated university approved the study (University of Porto: ref. 2021/08-07b). Participants gave informed consent and provided their data fully anonymized. Participation was voluntary, and there was an explanation of the processes underlying the investigation and the intervention, as well as signing of informed consent for the use of data for the purposes of investigation, before the starting of the program.

After each session, therapists sent the HAT and the PSYCHLOPS via email to participant parents. Participants downloaded, edited, uploaded and sent back the completed questionnaires. The CCI was conducted via Zoom by a researcher (who did not attend sessions in the group) during the following month after the end of the program. The interview was audio-recorded and transcribed. Therapists were contacted by email and asked to describe their views on data collection and questionnaires completion rate.

Data Analysis

To assess the feasibility of the program we analysed (a) retention rate (dividing the number of participants at the beginning of therapy by the number of participants at the end of therapy and multiplying by 100) and (b) attendance rate (dividing the number of total sessions by the average of attended sessions in each group and multiplying by 100). The feasibility of the research protocol was analysed via (a) questionnaires completion rates and (b) adverse and beneficial aspects of the research protocol reported by participants in the CCI. Therapists' views on data collection and questionnaire completion rates were also analysed in order to explore the research protocol data collection benefits and difficulties.

To explore participant's perceived changes at the end of the program we thematically analysed the CCI within a theoretical framework, that is, constructing a pre-existing coding frame based on expected effects of therapy (Braun & Clarke 2006; Byrne et al., 2019). For this thematic analysis we included only changes which were rated from "moderately important" to "extremely important", and perceived as "definitely wouldn't happen" or "probably wouldn't happen" without the program. Themes and subthemes identified from analysis were categorised by the candidate and discussed with the scientific supervisor in iterative cycles. For the purposes of this study, perceived changes of all participants were presented as a whole, offering a perspective on the spectrum of changes perceived by the participants in both groups.

Moreover, to explore the intermediate change processes and program events associated with the changes that parents identified at discharge, we relied on their responses to the HAT and PSYCHOLPS, as well as the Therapists Notes (NT). First, the researchers became familiar with the instruments, looking session by session in all participants' reports whether it was possible to make an explicit association between therapy events and intermediate changes. Then, in the same way, the researchers searched session by session in all the participants' reports if it was possible to make an implicit association between intermediate changes and perceived changes at the end of the therapy. Finally, the procedure was repeated consecutively for all identified sub-themes. During therapy reports were thematically analysed within an inductive framework, that is, seeking to "explain and model" what, when and how intermediate changes took place (Braun & Clarke, 2006; Elliott, 2010, p. 130). The in-treatment significant events used to map intermediate change were rated by participants as "greatly helpful" or "extremely helpful", which is the "clinically significant range of this instrument [HAT]" (Elliott, R. et al., 2009). Although not all participants who identified intermediate changes perceived the associated change at the end of the program, the data was

used to illustrate perceived in-treatment benefits of the program. Intermediate changes identified from analysis were categorised by the candidate and discussed with the scientific supervisor in iterative cycles. For the purposes of this study, reported intermediate changes of all participants were presented as a whole, offering a perspective on the spectrum of intermediate changes perceived by the participants in both groups.

Results

Feasibility of the Program and of the Research Protocol

There was a retention rate of 100%, with all participants completing the program in both groups. However, not all parents attended the 12 sessions. The maximum number of sessions missed by a participant were 4. Still, attendance rate was high: Group 1 attended on average 11.25 sessions (SD=1.04) and group 2 attended on average 10.33 sessions (SD=1.86).

Regarding the research protocol, each participant from Group 1 completed on average 10.38 out of 12 HATs (SD=1.92) and 12 out of 13 PSYCHLOPS (SD=1.41). Each participant from Group 2 completed on average 6.43 HATs and did not complete any PSYCHLOPS. All the participants from both groups completed the CCI.

In the CCI some participants of group 1 reported that the session-to-session completion of HAT and PSYCHLOPS was beneficial as it provided a moment to reflect on the session and the week. However, two suggestions were registered regarding the adverse aspects of the research protocol (being time consuming and difficult to write): offering parents the option to record feedback rather than completing written questionnaires (*While I was riding in the car, I was recording it, it would be spectacular, easier p10*) and facilitating access via mobile phone through online surveys rather than sent by email (*if we could answer on cell phones it would be more practical and faster p14*). Therapists from group 1 also noted that asking

participants to use the first 5 to 10 minutes of the session to answer the missing questionnaires and insistence increased adherence rates. Therapists from group 2 noted that “in fact, any written questionnaire was not of their liking at all!”.

Perceived Change and Associated Processes

At the end of the program, each parent identified 2 to 9 perceived changes in the CCI, describing a total of 86 perceived changes. The thematic analysis of its contents resulted into 3 main themes and 11 sub-themes (see Tables 1, 2 & 3). From a total of 128 answered HAT forms, only 84 were eligible to be identified as implicitly associating intermediate change with perceived change at the end of the program by the researchers. Similarly, only 15 out of 28 answered PSYCHLOPS’s question 5 forms were eligible (see Appendices B).

We present results starting by describing themes of the changes reported by parents at the end of the program. Then, a description of each perceived change and its frequency among parents, followed by a description of in-session processes and intermediate changes reported by parents session-by-session that can be linked to the changes achieved at discharge.

Mentalizing children/self/others

A major change promoted by the Lighthouse parenting program among participants was an increased awareness and sensitivity to internal processes of their own and of significant others, namely their children, their parents, and their partners.

At the end of the program, 6 parents reported being more aware of their negative reactions to their child's behaviour (see Table 1). The metaphor of the projecting beam (session 10) was helpful to bring self-awareness on the defence mechanism of projection (see Table 1.1). Moreover, the metaphor of the safe harbour (session 6) was also helpful. For instance, one

participant said *I became aware of my story and what I could be unconsciously repeating to my children* (p4HAT6).

After the 12 sessions, twelve parents also reported an increased attentiveness to child's cues, becoming better attuned to their children and to make sense of their children's communications and emotions (see Table 1). It was possible to identify several sessions that helped parents in the process of these changes. At the end of Session 4 (intensity of emotions) and 5 (metaphor of the prism) some parents said it helped to bring awareness to children's emotions "beneath the surface" (e.g., *it helped me to reflect that sometimes my children throw tantrums over something I don't give much importance to and for them the subject is serious* p13HAT5). Also, sessions 7 (raft), 8 (piracy) and 10 (projecting beam) helped participants to make sense of their children's communications (see Table 1.2) and to build strategies to be more attentive (e.g., *It made me recognize that sometimes my attitude of acknowledging feelings may actually not correspond to the truth for my children and that I should ask more and name less* p6HAT10).

The program also contributed to changes on how parents perceive their own parents' behaviour (see Table 1). As participants think of past experiences of being parented (the Lighthouse metaphor) with the new lens of the program (safe harbour and the raft metaphor), they see things in a different way (e.g., *it helped me to understand how I relate to my mother. It helped me to understand why there were some obstacles to our communication* p11HAT6), which helped to understand some of their parents' behaviours. Some participants reported the sessions helped to forgive their parents for their past behaviour (e.g., *these sessions have also helped me to forgive my parents for their faults... for despite having always tried, they didn't know how to do better...* p2HAT7), while others have feelings of emptiness or support (see Table 1.3).

All parents from the group composed of couples also reported changes in mentalizing the spouse, i.e., achieving a better understanding of their spouse's behaviour (see Table 1).

Witnessing the partner's disclosure in the context of the group allowed participants to mentalize their spouse's mental states and parenting related behaviours (e.g., *It helped me to understand a scene that I hadn't been aware of. The fact that my wife is mostly uncomfortable when the kids are euphoric with joy. I'm realising that this may be linked with a 'room in mind' an unconscious traumatic memory perhaps related to her childhood* p5HAT9).

Change in self/child behaviour

Parents reported that during the program they started to interact in a different way with their children, prioritising important tasks, and being able to stay calm more often. In turn, parents noticed that their children showed positive changes in their behaviour, and they believe this behaviour change resulted from their new parenting practices. Finally, parents from the group composed by couples identify increased coparenting coordination.

After the conclusion of the program, 9 parents reported increased capacity to provide emotional support to children when needed (see Table 2). Some parents reported they develop a stronger feeling of wanting to be the lighthouse to their kids early in the program [e.g., *my parents (...) were not able to be the lighthouse I needed, and from the perspective of my children, (...) I want to be the lighthouse that guides them* p3HAT1]. Sessions 2 (light beam), 3 (rough seas), 4 (emotions) and 5 (prism) helped parents realise the importance of being attentive and welcoming in times of stress (see Table 2.1). Moreover, sessions 7 (raft), 8 (piracy) and 10 (projection beam) helped parents develop strategies of being more sensitive to their child's needs (e.g., *I will try to be attentive and approach him [child] affectionately and calmly, so that he realises that he is heard and loved by us* p7HAT7).

Five parents also reported that after the 12 sessions they were changing personal habits (see Table 2). During the program, some parents reflected the need to adopt different behaviours when it comes to valuing space and time dedicated to the family [e.g. *I realised that I need time and now I can't give my children that time (...) p4NT4*] and valuing individual time and making room for self-care (e.g. *I began to reflect on the importance of taking care of myself to be the light of my children p4HAT2*). Being a *strong Lighthouse* seemed to be the common factor among parents to search for a change of habits.

Eleven parents reported increased capacity to *stay calm* in times of stress at the end of the program (see Table 2). Sessions 4 (emotions), 5 (rough seas), 7 (raft), 8 (piracy) and 9 (rooms in mind) helped some participants to recognise emotions and behaviours in the self (e.g., *It helped me to understand where some sensations and behaviours or lack of feeling come from as a protection and defence mechanism p8HAT7*). Across sessions, some participants recognised the importance of regulating emotion in difficult moments and also in being more expressive of their own feelings (see Table 2.3). Moreover, during the program, participants expressed increased emotional control over situations (e.g., in session 10, one participant said she *managed to cope better [p2HAT10]* in times of stress with her child).

In the Change Interview, 7 parents reported that they noticed that, as a result of their own changing behaviour regarding parenthood, there were positive changes in their child's behaviour (see Table 2). Even so, mothers from group 2 did not find the program helpful to deal specifically with their children's obesity. Session 2 (light beam) revealed to be significant to one mother who explicit her child's increased trustworthiness of her communications, since the session helped parents try to mentalize the child (e.g., *I tried to apply mentalization during the week (...). I feel that this way our children hear us better, trust us and our opinions more easily p14HAT2*). Moreover, one illustrative in-treatment commentary was considered in this category, highlighting the happening of change before the

end of the program (e.g., *I took competitiveness out of the equation with my kids to get them started in the morning. I notice the difference; they don't fight so much anymore* p3NT12).

After the completion of the program, 6 parents from the group composed of couples reported increased coordination with their spouse when interacting with the child (see Table 2).

During the program, some parents identified problems and difficulties in the interaction between their spouse and their children (e.g., *I find it difficult not to intervene when my husband has reactions to kids that I consider inappropriate* p6PSY4), as well as recognised coparenting coordination as a helpful family structure to educate their children well (e.g., *I would like my husband and I to agree more and more on the education of the little ones* p2HAT9). The “piracy” metaphor was relevant as it points to how the couple “manages” the situation of conflict with their child.

Feelings regarding parenthood

From the inherent stress of engaging in parental activities to the decreased trust in parental self-efficacy, the program was helpful for the amelioration of negative feelings regarding parenthood.

After the program, 5 parents reported decreased stress when engaging in parenting roles (see Table 3). Group discussions and generalised mentalizing stance helped participants to reduce the stressful feelings (see *stressful feelings* in Table 3.1) of realising they were not doing “the right thing” as parents (e.g., *the analysis [from another parent] at checkout helped me a lot to solidify this understanding (...). We are not perfect and like them [the children] we are constantly learning* p5HAT2). The Lighthouse metaphor of the villagers helps participants feel relief to know they are not alone educating their children (see Table 3.1). One participant highlights sessions 7 (raft) and 8 (piracy) as helpful as they point to being lost in times of

conflict: e.g., *when we feel alone or lost we can look for our safe haven (...), but we often don't realise that there are people around us to whom we can ask for help* (p12HAT8).

Finally, in the Change Interview, 10 parents reported increased confidence in the performance of the parenting role (see Table 3). Some parents identified the Lighthouse metaphor as an important tool to mentalize their children early in the program (e.g., *I imagine that the image of the lighthouse can help me to be better at times of crisis to support my children in the best way I know* p6HAT1), and one participant said in session 6 (safe harbour) *I can and should do more and better so that my children feel that I can be their safe haven* (p1HAT6). The understanding of emotions and subsequent psychoeducational modules seemed to be the common factor among participants to increase trust in their performance of parenting roles (see Table 3.2).

Discussion

This is the first pilot study on the Portuguese online 12-week Lighthouse MBT-P program, which aimed to explore its feasibility, as well as the feasibility of the qualitative research protocol, and to explore participants' perceived change at the end of the program, as well as the intermediate change process linked to in-treatment events.

Overall, retention and attendance rates met the pre-specified targets for determining feasibility. No serious adverse events were noted, and participants perceived the therapy as being helpful, achieving important and significant changes. The results observed in Portugal were similar to those observed in the UK with a small sample size of high-risk parents (Byrne et al., 2019) and at the Finnish health care and family service system with first-time parents (Sourander et al., 2021). Whilst fostering curiosity for the child's mental states, qualitative findings of this study corroborate the program's efficacy in improving parental reflective function, emotional regulation, parental sensitivity and self-efficacy. Intermediate changes

reported by parents were often related to group processes and the mentalization-based psychoeducational input specific from each session's objective. Positive changes regarding parents' mentalizing also seemed to be generalised to other significant close relationships, such as their own caregivers and spouses. As parents mentalized past and present experiences, they often reported to be insightful and increasingly more aware of own's and other's mental states. Some parents also reported being able to forgive their parents for their past behaviours.

Participants from the group composed of couples reported that participating in the program as a couple had the potential to create greater convergence and support in the parenting dyad. However, significant qualitative data was not found to corroborate the hypothesis of behavioural change in the triad with the child. As it would typically be measured by observation (Favez et al., 2017), no examples of coordinate interaction between the tryad were found in parents reports. Moreso, in the group composed of mothers with obese children there were any reports affirming these mothers perceived increased mentalizing ability with their partner or ex-partner. These findings encourage the further development and implementation of Mentalization Based Treatment for Families (MBT-F), as family members become more aware of each other's points of view (Keaveny et al., 2012 in Sourander et al., 2021). In a small MBT-P pilot study with parents in entrenched conflict, qualitative results support the findings that parents enhanced coping strategies to deal with conflicting marital situations and became more aware and sensitive to the child's inner experience and needs (Hertzmann et al., 2016).

Validation and normalisation of negative and stressful parenting feelings among the members of the group seemed to be the aspect of the intervention that helped parents the most to feel relief and acceptance of their own past behaviours when interacting with the child - in other words, parents learned *not to be so harsh on themselves*. The Lighthouse program does not

consider groups only as a delivery mode, it actually sees groups as an essential way of establishing epistemic trust among participants. The program was developed considering the establishment of different perspectives among the members of the group followed by a *mentalizing stance*, as a factor of change (Byrne & Ruggiero, 2018). With the new “light” on their children’s inner world and parents coping mechanisms to deal with conflictive situations, reflective function was sustained more often, which seemed to be another factor that helped parents to perceive less parental stress. During the program, parents reported increased emotional regulation in difficult moments, which was explicitly important since session 4, where emotions and intensity were discussed. Since the beginning of the program, the increased importance in emotional regulation was anticipated by a wish to become a *stronger Lighthouse* to their child's developmental journey, followed by understanding of core mentalizing practices. At the same time, during sessions parents reported awareness and insight about their children's inner experience, as well as motivation to be more attentive and supportive to their child in times of stress. In turn, parents believe that change in their child's behaviour was due to their increased parental sensitivity. The understanding and application of the program’s psychoeducational input in parents' households seemed to be the principal factor among participants to sustain increased parental self-efficacy. Thus, the Lighthouse program proves to be structured in a way that considers the mechanisms of change of mentalization-based therapies. The analysis of this first qualitative data supports the claim that the program can promote important and significant changes; is able to promote the intermediate changes related to its objective session by session; and is capable of promoting epistemic trust in the group, and the mentalization of negative emotions among parents. On the other hand, it was not possible to identify the generalisation of this learning to other social contexts in parents' reports.

Overall, the research protocol was feasible, since the pre-specified targets were met. However, the PSYCHLOPS response rates in group 2 are far from intended since these mothers rejected it completely, so future considerations about the data collection of this instrument should be taken. For now, the participants' considerations, i.e. the option to record feedback rather than completing written questionnaires and access via mobile phone through online surveys rather than sent by email, should be made possible in future studies and improve completion rate and data quality.

Limitations

No active comparison between groups was made regarding perceived change processes, whereby it cannot be affirmed that one group of parents has benefited more from the program than the other. On top of that, there was no formal use of an adherence or competence measure of the intervention. Furthermore, the fact that therapists were the ones who also asked patients to complete the monitoring measures may have caused some form of bias. Finally, since the Therapist Notes (NT) were mainly targeted to describe the difference between group sessions to map therapy events more easily, there was very little use of NT to map intermediate change.

Conclusion

The first Portuguese implementation of the online 12-sessions Lighthouse program has shown that the program is feasible, with high therapeutic compliance. However, the research protocol for session-by-session monitoring of significant events and intermediate changes was difficult to implement and requires further adjustments. The exploratory study of parents' experiences in both groups shows that the program promotes important and significant changes. Parents felt identified with the image of the Lighthouse and the metaphor helped to engage in the program's journey. Trust in the group members and facilitators was an

important group factor for parents to feel welcomed, and to experience the feeling they want their child to experience. Awareness and insight on emotions and behaviours, usually resulting in motivation to change, also seemed to be important intermediate changes. While parents clearly attributed most of the changes to the intervention, further research with a comparison or control group is needed in a next step. Further research needs to observe reliable clinical change, follow-up assessment of outcomes and its perceived associated processes, thus allowing a more detailed analysis on the program and group processes that motivate change.

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Appendix A

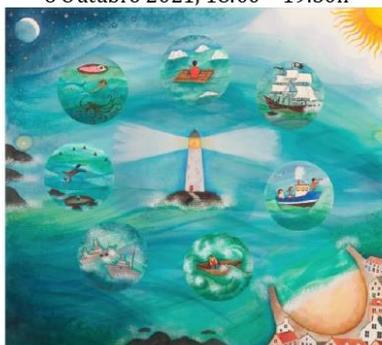
Dissemination Webinar Invitation Poster

Programa Lighthouse MBT-Parenting

Workshop Internacional de Introdução (online)

Para Profissionais e Estudantes de Saúde Mental (em língua inglesa)

6 Outubro 2021, 18:00 – 19:30h



O Programa Lighthouse MBT-Parenting (LH MBT-P) é um modelo manualizado de Tratamento baseado na Mentalização, desenvolvido especificamente para pais com uma história de adversidade infantil, que tenha resultado em dificuldades de mentalização, ameaçando o desenvolvimento saudável dos seus filhos e aumentando o risco de transmissão intergeracional de dificuldades associadas à vinculação.

Workshop de Introdução ao Programa

O Workshop de Introdução ao LH MBT-P apresenta o programa a profissionais, académicos e estudantes na área da saúde mental, que desejem saber mais e/ou possam desejar ser formados no modelo. Os objectivos do workshop são:

- compreender a centralidade da mentalização, confiança epistémica, e vinculação na relação pais-filhos
- dar uma visão geral sobre a estrutura do programa
- introduzir metáforas Lighthouse orientadas para a vinculação
- descrever as evidências empíricas que até à data suportam o programa

Haverá também tempo para perguntas e discussão.

O workshop será dirigido por Gerry Byrne, Director do Attachment and Perinatal Services, Clinical Lead for Child and Adolescent Psychotherapy - Oxfordshire and Buckinghamshire. Gerry Byrne é criador do programa Lighthouse, em colaboração com a Oxford Health NHS Foundation Trust e o Anna Freud National Centre for Children and Families, UK.

Inscrição Gratuita Obrigatória

O workshop é gratuito, sendo necessário proceder ao registo [AQUI](#).

A sessão será realizada online através do link ZOOM indicado no final formulário de registo.

Para mais informações, por favor contacte: celiasales@fpce.up.pt

Appendices B

Tables of Frequencies and Illustrative Quotes from Sub-themes and Identified Intermediate Change

Table 1

Frequencies and illustrative quotations from sub-themes from the theme Mentalizing children/self/other

Sub-theme	N	Illustrative quotes
Mentalizing unconscious pattern of behaviour	6	<p>“Opens a drawer that is poorly locked, isn't it, and we become more reactive, isn't it? And I realise that and it helps, like, I think: take a deep breath they don't... this has nothing to do with them [children], this is my problem...” (p5).</p> <p>“I realised that with this awareness given to us, through the program, I managed to realise that the most violent self could still exist, but was only called when it was necessary” (p4).</p>
Increased attentiveness to child’s cues	12	<p>“This program brought me the certainty that I don't always know, so it was the importance of questioning what I think my children are feeling” (p6).</p>
Mentalizing the parents	7	<p>“And I notice that even in my relationship with my mother that I also see things in a different way, it's not like, I no longer buy into conflict that I used to in the past because I think that it's not really worth it” (p8).</p> <p>“I feel very benefited because I have already done a lot of therapeutic work to be able to transcend and understand traumas that I had because of the education I had. The Lighthouse program came to solidify these moments of acceptance” (p5).</p>
Mentalizing the spouse	8	<p>“It was very important for me to be aware of how deep the wounds my husband has in his past could be, and how this is also clearly related to his attitudes when he is more angry or more tired” p6.</p> <p>“It also came to significantly improve the way I see her, therefore, there is a greater calmness of mine interacting with my wife in stressful situations” (p7).</p>

Notes. p, participant identification code.

Table 1.1

Frequencies and illustrative quotes of identified change processes associated with the sub-theme mentalizing unconscious pattern of behaviour

Intermediate change	Measure	N	Illustrative quote
Self-awareness on the defence mechanism of projection	HAT	6	“The video that played partly reminded me of some reactions and behaviours I’ve had with my son. And that I obviously don’t want to repeat it or feel it again. For that, I have to realise that “slides” are still placed back there and that makes me `nonsense` in this way. What triggers this? Have I projected an attitude/behaviour that they had with me?... And is that what I want?...” (p7HAT10).
	PSY	1	“As the program progresses, more and more I realise and feel that the relationship with our children has much more to do with our past relational experiences, parents and others, than with the present itself, us and our kids” (p7PSY6).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification.

Table 1.2

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme increased attentiveness to child’s cues

Intermediate change	Measure	N	Illustrative quotes
Increased awareness to	HAT	8	“It helped me to reflect that sometimes my children throw tantrums over something I don’t give much importance to and for them the subject is serious” (p13HAT5).

child's

emotions

PSY 3 "Am I sufficiently attentive to my children's needs and emotions? Am I able to hear them and see what they need?" (p8PSY5).

Make better HAT 3 "It made me be more aware of the conflicts that my sense of child's children often have" (p10HAT9).

communications

Attentiveness HAT 2 "It made me recognize that sometimes my attitude of strategies acknowledging feelings may actually not correspond to the truth for my children and that I should ask more and name less" (p6HAT10).

PSY 1 "How can I be more attentive and available to understand what is important to my children and not just what I think is most important or what they need." (p8PSY2).

NT 1 "After 10 minutes of not talking, I asked my daughter what she was thinking and she replied that she is only listening to her heart and asked: 'why do you always have to ask what I'm feeling?'" (p6NT11).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification; NT, Therapist Notes.

Table 1.3

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme mentalizing the parents

Intermediate change	Measure	N	Illustrative quotes
Understand behaviour	HAT	3	“It helped me to understand how I relate to my mother. It helped me to understand why there were some obstacles to our communication” (p11HAT6).
Forgiveness	HAT	1	“It was important for me to think that my parents too must have had their raft moments in their lives that made them who they are or what they were... Not only this session, but these sessions have also helped me to forgive my parents. parents for their faults... for despite having always tried, they didn't know how to do better...” (p2HAT7).
	PSY	1	“I find myself wondering, should I consider a possible forgiveness from my father/parents, in some way, so that I feel more at peace when I reach the end of this journey?” (p7PSY3).
	NT	1	“I spoke to my father. I have felt more capacity for forgiveness” (p3NT11).
Emptiness/support	HAT	2	“I felt empty. At the risk of being unfair, I can't recall any time or situation in which I turned to them [my parents] for support or advice. It got me thinking and it's still echoing in me” (p7HAT1). “It helped to reinforce the “certainty” that despite the differences and friction, especially with my mother, I know that I can always and, in all circumstances, count on her love and support.” (p8HAT1).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification; NT, Therapist Notes.

Table 1.4

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme mentalizing the spouse

Intermediate change	Measure	N	Illustrative quotes
Mentalizing the spouse	HAT	3	“It helped me to understand a scene that I hadn't been aware of. The fact that my wife is mostly uncomfortable when the kids are euphoric with joy. I'm realising that this may be linked with a 'room in mind' an unconscious traumatic memory perhaps related to her childhood” (p5HAT9).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification.

Table 2

Frequencies and illustrative quotations from sub-themes from the theme

Change in self/child behaviour

Sub-theme	N	Illustrative quotes
Parental sensitivity	9	“I felt with my children a very big change in the way I relate to them. a whole field opens up here for conscious negotiation, so there are compromises here on both sides and a concern on my part to explain the importance of doing a certain thing... I notice that in the end we all end up more satisfied. No one felt that there was an injustice or an inappropriate exercise of power” (p3). “I think we've been getting along very well [with child], when there was a problem maybe I was farther away, I couldn't solve, but now I sit next to him, and I lie with him, and I put myself at exactly the same height or even lower and I stay there in a connection to understand him, to understand that anxiety or that hysterism sometimes” (p4).
	5	“At this moment my kitchen is messy, the dishes are on the table, because I have helped the boy to do things and first I didn't do that, I had to clean the kitchen because someone could arrive or something and then I think that it really wasn't the right thing to do” (p13). “I found myself thinking that I don't think there was room for me, which is curious, isn't it? And so, in a way, maybe one of the changes

			that I also felt was realising that there has to be more space for me, for my needs. And I also consider that to be positive” (p2).
Emotion regulation		11	“And while we're doing therapy, you're more alert, aren't you? That is, you end up being able to have these thoughts more easily, namely not acting right away” (p2).
			“since we participated in the program, I can't remember the last time I lost my temper this way” (p7).
Positive change in child behaviour		7	“When he got annoyed he used to punch doors, walls... now he is not so aggressive. I don't know, there it is, I don't know. I think it also has something to do with my attitude” p14
			“Being more aware of being calmer and more observant has improved a lot. And both our interaction [with child] and even his own diction, which started to improve a lot in this process” (p1).
Family Alliance		6	“What was also useful, and might not have been foreseen, I don't know, was the fact that we have participated as a couple. Since we are both raising our children, if we are better aligned... isn't it? Because it is very difficult to be trying to implement something or to be trying to change something if the other person is not also on the same wave” (p2).
			“I noticed changes in the relationship that my husband and I have as a couple, much more aware at times of supporting the other because the other is not managing the situation [emotionally with children] in the best way” (p3).

Notes. p, participant identification code.

Table 2.1

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme parental sensitivity

Intermediate change	Measure	N	Illustrative quotes
Want to be lighthouse	HAT	3	“It made me realise that my parents weren't the lighthouses I wish they had been, but that I still have other people in my

			life who are a safe haven for me. This insight made me want to be a true lighthouse for my children, to give them the shelter they will need throughout their lives.” (p3HAT3).
Importance of being attentive	HAT	6	“It alerts me to the importance of looking at my children with equal value and trying to understand if in the most tense and difficult moments of our relationship, I am giving him the time, space, attention or voice he also needs.” (p8HAT4).
	PSY	1	"How can I be more attentive and available to understand what is important to my children and not just what I think is most important or what they need." (p8PSY2).
Strategies to be more sensitive	HAT	6	“All the rebelliousness, ‘attacks’ and constant jealousy towards the older brother, even the aggressiveness that he often shows, could be associated with some kind of bond that is not giving him security, probably on my part... something... a safer, stronger, or more comfortable bond or affection. I will have to explore this possibility more calmly and try to find out what I might be doing less well, and what will be lacking in our family ‘navigation’, so that he feels more harmony and security with her mother and brother” (p9HAT8).
	PSY	1	“What attitudes can I have so that my children feel that they will always be welcomed even in the “asneiritas” [little misbehaviours]?” (p8PSY9).
	NT	1	“I found myself climbing a tree with them and playing along. They want to test the limits and if I want to be that safe haven I have to go with them and put my hand under them if they fall” (p3NT7).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification; NT, Therapist Notes.

Table 2.2

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme new values and priorities

Intermediate change	Measure	N	Illustrative quotes
Valuing time and space dedicated to family	HAT	2	“It made me reflect on the fine line between meeting our children's demands and our will, and even what it means that these requirements are healthy or already collide with our self...” (p10HAT5).
	NT	1	“I realised that I need time and now I can't give my children that time (...)” (p4Nt4).
Self-care	HAT	3	<p>“I began to reflect on the importance of taking care of myself to bet he light of my children.” (p4HAT2).</p> <p>“I realised the participant’s reaction also opened the door to a dark room inside me. And at this stage, considering that this program has brought me so much serenity about things from the past, maybe it's time to go into that dark room and open the windows wide, in the hope that it will help me to accept that past and let the sun in” (p8HAT8).</p>

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; NT, Therapist Notes.

Table 2.3

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme emotion regulation

Intermediate change	Measure	N	Illustrative quotes
Recognise emotions and behaviours	HAT	9	“It made me think of times when I'm trying to control my anger and all of a sudden I lose my temper and get really upset with my kids. Of how certain situations are bothering me a lot but I'm trying to deal with them internally and it gets to a point where from one moment to the next I get really upset.” (p2HAT5).

Importance of emotional regulation	HAT	8	“I’ve been trying to be more authentic and more expressive. (In a real way and not in a way to cover up some things)” (p4HAT4).
			“To be more attentive and when certain things happen and make me have feelings that are disproportionate or inappropriate to the situation, stop and think before reacting” (p2HAT8).
	PSY	1	“Sharing feelings. I have to ‘train’ more on this topic .” (p1PSY4).
Expression of emotional control	HAT	3	“For me it was important on the one hand to have seen that everyone chose to be honest with the emotions they were feeling, even if they were difficult to admit and personally it was important to have been able to show my critical position regarding what was happening in the group, even though I find it difficult to be in a confrontational position.” (p6HAT8).
			“I confess that when she doesn't disarm, I feel like walking away, leaving for a few minutes, but I've managed to cope better” (p2HAT10).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification.

Table 2.4

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme family alliance

Intermediate Change	Measure	N	Illustrative quotes
Problems in interaction between spouse and child	HAT	1	“It helped me to reflect on our family difficulties, to observe these difficulties in different perspectives through the sharing of the various participants.” (p5HAT1).

	PSY	7	“The way my husband interacts with our children is often a reflection of the way he was treated as a child, and I don't like it. I have a hard time explaining to him how it impacts me and the kids.” (p3PSY5).
Couple coordination	HAT	4	“This session was important to understand that other couples have different forms of education as a couple, a situation that has always been evident between me and my wife but that we try to manage without going over each other” (p1HAT9).
	PSY	2	“As the last session unfolded, I became aware that the way we educate our little ones is also a reflection of the way we relate to our ‘partner in crime’ :) and the ‘position’ we have as a couple, our attitude and behaviour naturally also passes to them“ (p7PSY4).

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification.

Table 3

Frequencies and illustrative quotations from sub-themes from the theme feelings regarding parenthood

Sub-theme	N	Illustrative quotes
Parental stress	5	<p>“This was an issue that worried me and I often felt very distressed, because with the doubt whether I was doing the right thing or not... And one thing that I think was positive for me, was feeling lighter in that aspect” (p2).</p> <p>“I started to feel some reconstruction here, and as the program ended, I felt better and stronger and less fragile” (p3).</p>
Parental self-efficacy	10	<p>“I feel more confident in the way I am dealing with my children and, on the other hand, there was an issue that was also addressed in therapy that did me good, which was the issue of self-forgiveness“ (p2).</p> <p>“I feel that there is a kind of map that we can place ourselves on. I can understand, identify moments, whether mine or theirs, and I can more</p>

easily get out of situations that could be traumatic for me and the children” (p5).

Notes. p, participant identification code.

Table 3.1

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme parental stress

Intermediate change	Measure	N	Illustrative quotes
Stressful feelings	PSY	2	"Especially now that we are all at home again due to the closure of schools, working and managing the kids' routines, what worries me the most is the stress and my frustration" (p8PSY1). "Maybe I could be wrong, but I don't believe it's a problem but a consequence of our work. Because I'm more aware of what I'm doing wrong, I've been feeling pretty bad. I'm more aware that I could be affecting my children's development with my (bad) action and I've been feeling really bad about it" (p7PSY2).
	NT	1	"I try, I try, but there are days and moments... putting on their coats and putting on their shoes in the morning, I know I'm not doing the right thing and the heat starts to rise..." (p3NT1).
Feeling relief	HAT	4	"The analysis [from another parent] at checkout helped me a lot to solidify this understanding (...). We are not perfect and like them [the children] we are constantly learning" (p5HAT2) "It was very important to realise that, as fathers and mothers, 'we are perfect in our imperfection'" (p5HAT2)
Help of villagers	HAT	2	"Feeling that if I miss my children no one will take care of them like I do is a thought that comes to me often and causes me a lot of anguish. It was comforting to think about the people who, besides me and the father, can be a lighthouse in my children's lives and to think that when our light, for some reason, goes out, other people can come to our aid." (p2HAT1) "when we feel alone or lost we can look for our safe haven (...), but we often don't realise that there are people around us to whom we can ask for help" (p12HAT8)

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification; PSY, Psychological Outcomes and session identification; NT, Therapist Notes.

Table 3.2

Frequencies and illustrative quotes of identified intermediate change associated with the sub-theme parental self-efficacy

Intermediate change	Measure	N	Illustrative quotes
Increased confidence in parenting role	HAT	4	<p>“I imagine that the image of the lighthouse can help me to be better at times of crisis to support my children in the best way I know.” (p6HAT1).</p> <p>“Through this ability to dissect emotions as if it were a surgeon, it allows me to look at emotions in a constructive way, mine or those of the people around me, especially my children, and in this way I can help or guide them to better understand the because of that emotion and that other subtle emotions may be hidden behind that more intense emotion.” (p5HAT5).</p>

Notes. p, participant identification code; HAT, Helpful Aspects of Therapy and session identification.