

“Take My Hand”. Parent-Child Reconnection in Experiential Approach, through a Boardgame

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Abstract

Introduction: In this paper we address the matter of parent-child relationship, as we aim to develop a therapeutic game and apply techniques in the psychotherapeutic intervention with parent-child dyads, based on Unifying Experiential Psychotherapy approach, using methods as: art therapy, play therapy, role play and guided meditation.

Objectives: This paper has as scope to validate the construct of the therapeutic game “Take my hand”, developed by the main author during this research project and to investigate its effects on family communication, adaptive abilities of the children, the parent’s reflexive ability and, also, the cohesion and flexibility within the family. Moreover, the family therapeutic intervention will be revealed following the case study called “In search for the lost Rainbow”.

Methods: The specific method implied developing an experiential therapeutic game and using it in psychotherapy interventions with 8 mother-child dyads, in a process of 9 sessions. During the intervention, a pre- and post-intervention evaluation took place, in which several instruments were used: the Parental Reflective Functioning Questionnaire (PRFQ), the Parent-Child Relationship Inventory (PCRI), the Family Adaptability and Cohesion Evaluation Scale (FACES IV), the Behavior Assessment System for Children 2nd Edition (BASC-2), The Pictorial Scales of Perceived Competence and Social Acceptance, but also the projective tests: Draw-a-Family test and CAT.

Results: The results confirmed that the use of the “Take my hand” game based on experiential techniques, within a family intervention, can have an effect on: pre-mentalization modes ($Z = -2.100$; $p = 0.03$), certainty about the child’s mental state ($Z = -2.366$; $p = 0.01$), parental involvement ($Z = -2.388$; $p = 0.01$) and functional communication within the family ($Z = -2.205$; $p = 0.02$). At the same time, the intervention had results on the improvement of children’s adaptive abilities ($Z = -2.438$; $p = 0.01$), the degree/ level of acceptance he felt in the family ($Z = -2.524$; $p = 0.01$) and family flexibility ($Z = -2.524$; $p = 0.01$).

Conclusions: It can be argued that the use of the therapeutic boardgame “Take my hand” in family intervention has effects/ impact on the level of connection between parents and children, fosters the development of the ability to communicate in the family/ more openly discuss/ share even topics that are considered “taboo” and on the ability to identify and express emotions among members. Moreover, the paper highlighted other effects, this time notable as qualitative, not quantitative, as are specific changes in family dynamics, in the behavior of the child or parent, which emerged during the meetings or were collected through the participants’ feedback.

Keywords: family, game, psychotherapy, play, emotions, taboo, connection, attachment, parenting, family dynamics, parental acceptance, reflexive abilities

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I. Introduction

Living in a society influenced by speed, in which time is the most valuable currency, makes us adapt and try to turn the time spent with loved ones into a quality and not a passive one. The dynamics within the family, although it keeps the transgenerational elements/relational patterns within it, seems to be more and more different than our childhood's story, our parents', respectively of our grandparents' stories. People constantly run away from themselves, from others, and even more rarely give themselves time to explore their selves, allow them time for discussion, time for personal analysis and self-reflection. The paper aims to validate the prototype of a therapeutic game that supports the connection of family members, open and sincere communication, even when addressing those topics, seen as "taboo", but also the identification and verbalization of emotions. It is a playful method to ask all the questions that bother one or an individual's loved ones, to play, to be validated, to listen and be listened to, to tell stories and create memories with one's family.

Preschool child (4-5 years) – drawing a portrait of the developmental stage

The Preschool age, a new stage that the child undergoes in his development, brings with it a series of discoveries and challenges in all areas of the child's development. The personal development of the child, the facilitation of communication and emotional expressiveness in his family, and the connection between family members are key points of this paper. Both the theoretical aspects and the practical side of the study will focus on this age range: 4-5 years.

At this age, the child passes from early to middle preschool/ kindergarten, when the child acquires abilities on several functional levels: motor skills – they play, run, hit or even throw various objects; emotionally – their emotions fluctuate and are very intense, they can go from noisy laughter to episodes of intense anger; verbally – there is an increase in the volume of words in their vocabulary, even starting to test different words considered "inappropriate" to see the reactions of others; interpersonally – the limits imposed by parents are tested every day, for the first time interactions with others become more important, children begin to pay attention to the reactions of others; and imaginatively – a surprising development of imagination, without limits, often blurring the delimitation between the real and imaginary (Golu, 2015). Preschool age, a new stage in the child's development, brings with it a series of discoveries and challenges in all areas of the child's evolution.

In the family context, starting with 4 years old, the child identifies with the adult models of attachment, more precisely with the parental ones, having as basis the physical and mental similarities with them, and afterwards children use the behaviors and gestures they integrate from parents. At the beginning of preschool, children are aware of their gender role, of their own person, they are especially attached to their mothers but also have attachment towards their fathers, they begin to develop the capacity of self-evaluation, trying to predict what they can do and which situations they cannot handle. On the other hand, towards the end of this age period, they take the leading role in spontaneous situations, they get to know their qualities better, they can direct their attention towards others, not only towards themselves, and even develop their spirit of justice, being able to sanction the mistakes of others and acknowledge their own mistakes.

Of course, the family context and the functioning of the family system are very important for the child's health and development, the family having the role of mediator, taking decisions on how to dispose of material resources to ensure its continuity and the upbringing of the child. Previous research has identified several aspects related to the family that affect the child's well-being, such as: communication (parent-child, parent-parent); time spent together by parents and children, plus activities done together; the level of loyalty to the family; the level of social connection of the members; spiritual/ religious orientation; the ability to adapt to new situations and the existence of clear family roles (Brooks-Gunn et al., 1995).

Emotional and adaptive abilities at preschool age

Research has identified basic emotions, which can be recognized from an early age: anger, fear, surprise, disgust, joy and sadness. Each of them starts from a neural base that expresses itself distinctly and allows a specific adaptation to different contexts (Perțe, 2010). If we look from the perspective of the theory of psychosocial development consolidated by Erikson, during preschool, children are at the crossroad in the desire between taking initiative and guilt, a conflict that leads to the development of a specific goal and motivation in that child. He or she becomes frustrated and nervous, is sometimes prone to emotional outbursts, but at the same time, in reaction to these impulses, appear the first signs of emotional control, sometimes the child even beginning to repress unpleasant emotional feelings (Dacey & Travers, 1994). One aspect of adaptive skills is related to the ability to solve problems

in social situations, thus preventing a series of behaviors in children, considered difficult in general. Moreover, these skills allow children to easily repair certain shortcomings in relationships with peers (for example, conflicts may appear related to sharing of toys, materials, waiting their turn during games). On the other hand, research provides us with information about the effects on children who do not develop these problem-solving skills in the first years of life: they use aggression to solve interpersonal problems; their aggression becomes much more predictable and difficult to temper after preschool; long-term aggression can lead to peer rejection and poor mental health in adulthood (Joseph & Strain, 2010). One way to help children develop this problem-solving skill may imply to learn it step by step, and the process begins with: 1. What's my problem?, followed by 2. What solutions are there? 3. What would happen next? 4. Test the solution!

Objectives in parent-child therapy focusing on emotions, connection and taboo

Family psychotherapy addresses the entire disrupted system, dysfunctional intra-family relationships, for the purpose of rebalancing and optimizing family roles, boundaries and different types of processes: emotional expression, communication, cognitive or decision-making; but it can also aim to increase the quality of relationships between family members, to support open communication, to create pleasant experiences, to connect the family presently, here and now. Very common themes that can occur are: abandonment, culpability, separation anxiety, conflicts and power struggles, inadequacies in gender-role behaviors, family violence, etc. We mention several approaches to family therapy: Murray Bowen's intergenerational approach in family therapy, Salvador Minuchin's family structural approach, Virginia Satir's experiential therapy with an approach to communication theory, Jay Haley and Cloe Madanes' strategic family therapy, The Milan Systemic School (Boscolo, Prata, Cecchin, Selvini-Palazzoli), narrative family therapy initiated by Michael White and David Epston (Mitrofan, 2008).

There are multiple ways of understanding the relationship between parent and child. Cowan et al. (1998) suggest that interventions addressing the child's emotional difficulties can be understood from two perspectives: 1) as hypotheses about the location of influences on behavior, or 2) about the specific area of development in which the child has difficulties. Influences can be localized in the child (child-centered

theories), the parent (parent-centered theories), or in the relationship between parent and child (relationship-centered theories). Focusing on the latter category, we mention Forehand & McMahon (1981) who developed "The Parent-Child Game", which is used for children with behavioral disorders. This approach involves a controlled learning environment, with sessions being filmed, where the therapist sees the parents and children, but they cannot see him. The parent uses a headset and receives instructions from the therapist on how to interact positively with the child. This game has two dimensions: the Child's Game, in which they can lead the play activity and the Parent's Game, in which parents are taught to conduct the activity effectively. This parent-child interaction therapy approach is based on two strategies: it focuses on teaching traditional therapeutic play skills, but also on developing problem-solving skills in parents. In the example of a group of preschoolers, Eyberg et al. (1995) analyzed the effectiveness of therapy based on parent-child interaction, the analysis involving: observation of the relationship between parents and the child; reports filled-in by parents and other relatives about the child in therapy; questionnaires completed by parents on their own way of functioning, their relationship, and satisfaction with the process and outcome of the treatment. Other authors also supported the effectiveness of this method, such as: Matthews et al. (1997), with a 17-day case study, Herschell et al. (2000), that identified statistically and clinically significant differences (see Johnson, Kent & Leather, 2005). Parent-child interaction therapy has correlated with changes in lability/ negativity indicators related to the emotional adjustment of the child, such as reducing various mood changes and displaying negative emotions, when trying to involve others in his play (Lieneman et al., 2020).

The goals of family therapy come to establish a sense of belonging among all members, but at the same time to give them the freedom to manifest themselves according to their own individuality (Whitaker & Keith, 1981). When we talk about connection, we refer to the importance in terms of quality of the relationship between parent and child, and we can see the long-term effects of a positive, or on the contrary, negative relationship, on the future adult. The association between the mental health of the becoming adult with the perceived parenting style has somehow highlighted the quality of the parent-child relationship, which should improve the negative effects and amplify the positive effects generated by parenting style (Steele &

McKinney, 2018). It is known that the trait called compassion can predict prosocial behavior and moral reasoning about harming someone. Research shows that an increased quality of the parent-child relationship can influence the level of compassion in adulthood, i.e., a relationship defined by warmth and closeness can contribute to the development of compassion (Hintsanen et al., 2019). Another relevant aspect to investigate would be the relative flexibility versus rigidity in the parents' ability of adapting to change in relation to the effects on the child in their early childhood. Studies largely identify a moderate correlation between relationship rigidity and acting out behaviors (behaviors that are directed to the external environment, such as: hitting, swearing, theft, refusing to follow the rules) during kindergarten or first year of school (Hollenstein, Stoolmiller & Snyder, 2004).

The feelings of belonging, connection and expression of emotions play an important role in the family system, however, in order to achieve these objectives, we need to use open communication between members, even in the case of those topics that are labelled as more sensitive to be addressed. Here, we can talk about things that parents may find inappropriate for the child's age or level of development (death, illness, sexuality), or themes related to family culture (money, extended family, failure). According to case studies developed by Book (1996), adults often report that, as children, they had few or no discussions in their homes. The act of "saying" consists of 2 basic components: what it is said and what remains unsaid. Silence and speech can be seen as complementary elements that unfold on a continuum. Both silence and speech are forms of communication and the absence of speech does not imply the absence of communication; often even the interpretation of speech is based to a high extent on nonverbal elements. Another interesting aspect of silence is the concept of "*przemilczeć*", which means "to miss to say/ mention something". Within families, silence or *przemilczeć* appears in stories that contain certain subtleties, but which are clear to family members (example: untold or unrecognized family rules regarding marriage, illness, suicide). Other examples might be: naming who is considered a positive or negative character in the extended family, or the level of anger that can be expressed and by whom. In addition, in case of taboo topics, such as death, there are 2 types of rules. First come the explicit ones (which are expressed to stipulate the behavior according to the context; for example, the child might be told that food is going to the grieving family, or that they need to be quiet at a

funeral). On the other hand, the default rules are not explicitly said, but somehow become implicit from the narrated stories of the family or from those elements that have not been mentioned. Thus, the absence of stories about death may suggest that it is a forbidden subject in the family. Even if death is addressed, parents can avoid revealing their feelings about it. Discussions about mourning carried out in whispers show the young child the behavior they are expected to manifest. An example of dialogue that can generate implicit and explicit rules would be this one, in Cathy's case study: "Dad considered you needn't shed tears for someone at a funeral unless you knew that person very well"; explicitly it said that it was important to do the right thing and to be well presented in any context, but implicitly, this family's belief meant that one should not show what they feel in a grievance context.

This paper aims, through a therapeutic boardgame, to lay out the prerequisites for the development of open communication between parents and children, to increase the capacity to identify, express and self-regulate intense emotions, to develop the reflective capacity of parents, to decrease the influence of pre-mentalization models, to increase family involvement, cohesion, flexibility and parental satisfaction, and last but not least, to give the child the opportunity to develop adaptive skills and perception of social acceptance.

Using games in therapy settings

For the purposes of developing a therapeutic game (a boardgame, to be more specific), we will analyze several researches that have used such tools as provocative means in therapy. Mader, Natkin & Levieux (2012) outline a model of therapeutic games that analyzes existing ones to support game designers and therapists who are going to adapt or use them. Thus, the article mentions 3 important and interconnected components: the therapy, the game and the players. These games, which will further be called therapeutic, are found in the literature as "serious games", which implies having another purpose besides amusement, and the main objective of this combination (seriousness and playfulness) is to use the attractive aspect of the game to serve the serious purpose. Other authors also add the increased player motivation as a main advantage of the serious game. Sawyer & Smith (2008) propose the following taxonomy involving the division of serious games into two categories: Educational Games and Health Games. The latter category suggests 2 important parameters a game must include: function (preventive,

therapeutic, testing, informative, educational) and the public (personal, professional, practice, research, public health). On the other hand, Djaouti (2011) adds a new perspective, creating a model of the game with four parameters: game strategy, purpose (transmitting a message, offering training, amplifying data transmission), function and audience. With these classifications, we can include therapeutic games as serious ones, that are part of the category of Health Games.

II. Method

Participants

An assessment and characterization of each child and the families to which they belong was carried out at the initial stage. The research addressed 8 dyads (mother-child), which were part of the same group at the Fas TracKids educational center. For confidentiality purposes, I replaced the children's names with their favorite cartoons characters, so the cases will be named from now on: Rainbow, Elsa, Hulk, Audrey, Sonny, Jasmine, Ballerina, Blaze. I will shortly describe below the main themes in each of the study cases that we have assessed:

- Sonny: displays aggressivity and brotherhood rivalry, the father who has a really busy working schedule is perceived as the absent figure; he has fear of abandonment or loss of parental love in favor of his brother.
- Audrey: needs to have her parents present all the time by her side, feels guilty whenever she says something "bad".
- Ballerina: sees the mother as the center of her universe, describes a powerful connection between them, manifests fear of the unknown.
- Rainbow: avoidance of negative emotions, creativity blockage.
- Hulk: has the tendency to imagine he is someone else, the need to be accepted as he is, the desire to be the only child or the elder brother.
- Blaze: duality between big and small, weak and strong, the importance of friends, the curiosity in the face of "bad actions", like theft.
- Jasmine: the desire of being bigger, the importance of having the power to choose what she wants to do.

Instruments

The program for optimizing family relationships, described in this paper, implied a period

of time of approximately 6 months of research on the subject and developing (from scratch) a boardgame designed for parents and their children, which could be used by the family, as a recreational game and instrument for nurturing qualitative relations, but also as an instrument in the therapeutic setting. After creating the challenges of the game, choosing the appropriate text and images, followed a testing period, which consisted in using the therapeutic boardgame, named "Take my hand", from February to May 2020. The experimental program involves an initial testing stage and a post-intervention evaluation. Some of the tools (such as the projective tests applied to children) were administered only at the initial stage, to outline the family anamnesis, without being reapplied at the end of the program.

The tools and modalities used in the test/ retest evaluation (plus continuous observations and notes from the meetings) were as follows: PRFQ (Parental Reflective Functioning Questionnaire), PCRI (Parent Child Relationship Inventory), FACES IV (Family Adaptability and Cohesion Scale IV), BASC 2 (Behavior Assessment System for Children-2), The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, CAT (Thematic Perception Test for Children), family drawing, experiential diagnosis, progress report and educator evaluation sheet, interview.

Parental Reflective Functioning Questionnaire (PRFQ) was developed by Luyten et colleagues in 2017 and measures the parental reflective functioning (PRF), which refers to the caregiver's capacity to reflect upon their own internal mental experiences as well as those of the child. This concept is assumed to play a key role in fostering the developing infant's own capacity for mentalizing, which in turn is important for the development of emotion regulation, a sense of personal agency, and secure attachment relationships. The development of mentalizing is thought to depend largely on the extent to which the infant's subjective experiences have been adequately mirrored by a trusted other, and thus PRF is likely to be an important factor influencing the development of mentalizing in children and young people. This instrument consists in 3 subscales: pre-mentalizing modes ("I occasionally think my child sometimes gets sick, only to keep me at home"), certainty about mental state ("I always know what my child wants"), interest and curiosity ("I'm often curious to find out how my child feels").

Parent Child Relationship Inventory (PCRI – by Anthony B. Gerard) is a 78 self-report-item instrument designed to measure mothers' and fathers'

perceptions of their relationship with their individual child and their attitudes about being parents. Responses are set on a 4-point Likert scale, with high scores indicating parenting behaviors that could advantageously contribute to this relationship, and low scores suggesting difficulties. Five scales assess interpersonal dimensions of the individual parent-child dyad. These include Satisfaction with Parenting (SAT), Involvement (INV), Communication (COM), Limit Setting (LIM), and Autonomy (AUT).

Family Adaptability and Cohesion Scale IV (FACES IV) was developed by Olson (2008) as a new self-evaluation system, suitable for capturing in a complete way the dimensions of cohesion and flexibility. The questionnaire includes six scales (two balanced scales for cohesion and flexibility and four unbalanced scales): a scale for family satisfaction, one for communication, a family profile to collect the data, a typology consisting of six types of families, a version of the family map, and new indicators.

Behavior Assessment System for Children-2 (BASC-2 – Cecil R. Reynolds & Randy W. Kamphaus) is a multidimensional and multi-method system used in evaluating children's behaviors in different contexts, assessing children's emotions and personalities, and the way they perceive themselves. The instrument consists in the following subscales: social abilities ("Asks for help politely"), adaptability ("Adapts easily to teachers, educators, caregivers"), daily activities ("Forgets to wash his hands") and functional communication ("Can describe his feelings in detail").

The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, an instrument based on pictures, developed by Harter & Pike (1984) measures the perceived competence and social acceptance from children's perspective. These measures evolve around two factors: general competence (cognitive and physical) and social acceptance (peers' acceptance and maternal acceptance).

Procedure and experimental model

The present qualitative and applied research considers the following variables:

- Independent variable aims at using the boardgame "Take my hand" (developed by the author) in a therapeutic setting, based on unifying experiential techniques.
- Dependent variables are multiple and related to improving the relationships of family members, identifying and expressing emotions, communicating as openly and honestly as possible on any topic of interest

to family members, the children's perception of their own skills, parental acceptance felt by the child, and the adaptive skills of the preschooler.

Functional communication is the means by which an individual spontaneously and independently communicates their wants and needs and socializes with others. Moreover, an open family communication would imply talking about any subjects, covering even the so called "taboo topics". Talking about the family connection, we will further refer to: family cohesion and flexibility, which can be defined in the following way. Cohesion is the emotional bonding that family members have toward one another. A small amount of cohesion creates family interaction and relationships that are considered "disengaged", while too much cohesion creates family interactions and relationships that are considered "enmeshed". When there is an equilibrated amount of family emotional bonding, cohesion is considered "balanced" on the cohesion continuum. Family flexibility is defined as a family's ability to adapt to change. Too little flexibility among family rules and sharing of power is considered "rigid", while too much flexibility in family interactions and rules is considered "chaotic". The right amount of flexibility in family interactions is healthy or "balanced" on the family flexibility continuum.

Parental support represents the amount of emotional and practical support that parents feel they receive, while satisfaction with parenting describes the overall enjoyment a person received from being a parent. On the other hand, interest and curiosity in a child's mental state indicates explicit mentalizing that involves teasing out thoughts and feelings that underlie behavior. Lack of certainty can reflect an optimum mentalizing, as reasonable uncertainty allows for openness to alternative perspectives and is akin to acknowledging the opacity of mental states. The term pre-mentalizing refers to a lack of mentalizing, which is characteristic of normative early childhood distortions and can be problematic non-mentalizing in later childhood and adulthood. These non-mentalizing modes of thinking include psychic equivalence (such as concrete understandings), teleological reasoning, and pretend mode, which is when mental states are not based in reality (Pazzagli et al., 2018).

In describing social skills in preschoolers, we refer to the following aspects: the ability to interact with adults (trusting known adults and interacting with them), interacting with peers of a similar age (being part of a group, positively interacting with other children, cooperating and following the group rules), accepting and respecting diversity, developing pro-social behavior.

The research program started, as stated before, with documenting about various therapeutic boardgames, developing the specific game and, after that, holding a presentation of the therapeutic boardgame, together with its objectives and the structure of the family therapy sessions, in order to optimize intra-family relations, to the educational director of the Fas TracKids center, a complementary education center for children and parents in a preschool group (3.5-4.5 years). In order to obtain the consent of persons who have voluntarily registered under this program, according to ethical standards, an informed consent form has been completed.

The next step was meeting each parent willing to enter the program for a preliminary discussion, in which we specifically presented the game, its rules, the way in which the meetings would be held and a first discussion about their family, the relationship between its members, anamnesis (I). Subsequently, we had a new meeting with the parents to evaluate several aspects that would be developed later in the variables and tools of research (II). In the third stage, I had a meeting with the child, focused on creating the relationship, shaping a family portrait from the child's perspective and applying a projective test. In order not to be too tiring for children, the second part of the evaluation took place in another one-to-one meeting with the child, in which we continued with administering another projective test together with a psychometric test based on images (IV). After this step, the therapy and testing sessions of the game followed, from this point the program branched out in two directions: the dyads that participated for the testing of the game in three sessions (V-VII), and as a distinct direction, a pair participated in a longer therapeutic process, taking place in six sessions (Va,b; VIa,b; VIIa,b), which will be detailed in the form of a case study as the continuation of the work. After the meetings were completed, a session dedicated to the post-intervention assessment of the parent (VIII) and one of the child (IX) followed, including a final discussion, to request feedback and draw some conclusions. In addition to interacting with children and parents, there was also a stage of discussion with the educator of the group of children, the discussion of child progress reports for each child and the application of the Teacher Assessment Scale (within the BSC-2 tool).

In the current context of the Covid-19 pandemic, the last stages of the program took place online, through the Zoom platform, which allowed me to continue my research and also to provide parents with a way of connecting with their children, during a time of high stress, specific to the isolation period.

The objectives of the research program "Take my hand" parent-child reconnection, experiential approach through a boardgame were the following:

O1: Developing an open communication in the family environment: discussing one's states, feelings, emotions, addressing "taboo" topics in a child sensitive manner.

O2: Evaluation and development of the family-level connection through cohesion and involvement of its members: increasing family cohesion and flexibility, increasing parental involvement and satisfaction, developing the perceived level of parental acceptance by the child.

O3: Evaluation and development of the parent's reflexive capacity and parental empathy: development of the parent's mentalization capacity, development of the ability to identify and express emotions.

O4: Assessment and development of early school-specific emotional and adaptive skills: development of adaptability, identification and expression of emotions by the child, development of social skills.

Hypotheses

H1: It is hypothesized that the Unifying Experiential method transposed in a boardgame will be positively correlated with a measure of open and functional communication in the family environment.

H2: It is predicted that the Unifying Experiential method transposed in a boardgame will be positively correlated with a measure of overall family connection.

H2.1.: There is a positive correlation between using the therapeutic boardgame "Take my hand" and family cohesion and flexibility.

H2.2.: There is a relation between using the therapeutic boardgame "Take my hand" and the scores on parental implication, respectively satisfaction with parenting.

H2.3.: There is a positive correlation between using the therapeutic boardgame "Take my hand" and the level of perceived parental acceptance.

H3: It is supposed that the Unifying Experiential method transposed in a boardgame will influence the parents' reflective and empathetic abilities.

H3.1.: Using the boardgame "Take my hand" will inversely be correlated with the parents' scores on a scale of pre-mentalizing modes and certainty of the child's mental states.

H3.2.: Using the boardgame “Take my hand” will be positively correlated with the parents’ scores on a scale of curiosity and interest regarding the child’s mental states.

H4: It is hypothesized that the Unifying Experiential method transposed in a boardgame will be correlated with the child’s emotional development and an increase in his scores on a scale that measures social abilities.

Game development process

The game “Take my hand” has been developed during this research and intervention program, as an exploratory tool in family therapy or as a stand-alone game that can be used by families following prior training. It highlights inter-family relationships, with a focus on parent-child interaction, and aims at three directions of exploration: identifying and expressing emotions; connecting, understanding and reflecting on the behavior of play partners and, last but not least, addressing topics that may be considered more difficult to approach. According to Sawyer & Smith’s taxonomy (2008), therapeutic boardgame is a so-called serious health game that has therapeutic function and is aimed at families, specifically parents and children, in partnership. The physical game contains: 25 cards that address the expression and recognition of emotions (“I feel...”), 25 cards that address parent-child connection through games, challenges, emotions (“Take my hand”), 25 cards that address topics so-called taboo (“Shh!”) and a wheel. Some of the challenges also require a few sheets of paper, crayons or pencils.

Image 1 – Game example



Given the real context we have all experienced, one of social distance from the pandemic, where everything has moved online, some parents are probably spending more time than they have had in recent years with their children and the whole family. In this context, the meetings with children and parents were conducted

on Zoom, and the game was rendered more accessible, both to families involved in the research and to others who I felt it would be useful for: we transposed the game into a mobile app under the title “Takemyhand”, which is available in two languages: Romanian and English. (The game is available on google play store at the following link: <https://play.google.com/store/apps/details?id=com.takemyhand.boardgame>.)

A. Expressing and identifying emotions card category: “I feel”

The first category is labeled as “I feel...”, and this comes to emphasize the importance of the role of the parent to observe and be aware of even the most discrete emotions (fears, disappointments) before they reach the point where they can explode and spill out in the form of emotional crises. The game also comes to help both children and parents identify and validate those emotions, look for situations where they have found those emotions, or even identify them in certain stories. Next, this category of cards will be exemplified with the suggestive images and “text” challenges that have been used, along with some sequences from the dual sessions with children and parents: “Do you know what it’s like?”. This card allows one to practice their responsive ability and empathy, to understand the reasons behind someone’s behavior, to understand what someone has felt.

Some examples of this card in the sessions – Elsa: “Yesterday I wanted to go out, I’m always allowed out and yesterday you told me I couldn’t, that the police would give us a fine. That it’s Coronavirus.”. It indicated directing attention to the mother, to try to identify how the girl felt and verbalize it. Mother: “Did you feel angry? Did you feel like it’s unfair, because you were always allowed out and now, you’re not?”.

Image 2 – Emotions card example



Another card represents the visit in the Castle of Emotions, where we can choose between two

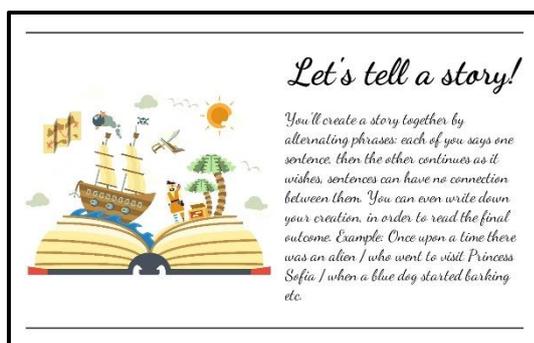
emotions and describe how that emotion feels like, sounds like, looks like.

B. Connecting the parent and child card category: "Take my hand!"

The "Take my hand" category aims to connect, build family cohesion and involve more its members and also develop parental reflexive capacity and empathy. According to the age group, the child is at the point where he develops the ability to show confidence in and interact with known adults and, moreover, the ability to take responsibility, negotiate and participate in decision-making. "Let's tell a story" is an alternative creative writing exercise, through which the parent and child create a common story, which further gives us access to themes of family interest, present obstacles and ways of managing problems.

"Sonny: Once upon a time there was a cockroach that liked food and... / Mother: He went to the market to look for oranges. / S.: And then he found an orange, which he immediately took and didn't like. / Mother: Then he left the market and met an alien. / S.: And the alien said «What are you doing, dwarf?» / Mother: Well... what am I doing, I'm looking for my duck friend who is building a house. / S.: And I'm weak, my child died. / Mother: Mmm... died of anger that he couldn't go to the park today. / S.: Why couldn't he go to the park, didn't his family have a car? / Mother: He couldn't go to the park because his parents were at work. / S.: But the park is close, they could stay with him for at least a minute, or five minutes. / Mother: A brilliant idea, they went to the park next door and enjoyed the slide. / S.: I'll say one more thing and it's done: and then he went to do something but he couldn't. This is the end!" (present themes: lack of time spent together, curiosity in the face of death and the duality weakness vs. strength – dwarf, weak, could not do).

Image 3 – Connection card example



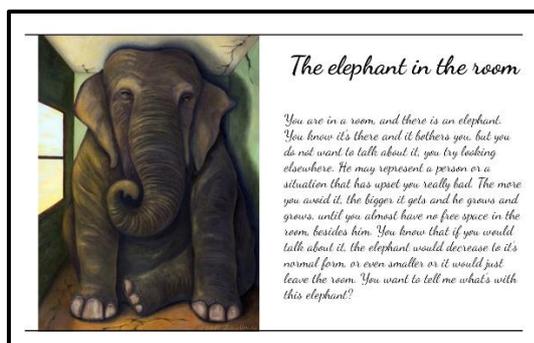
C. Taboo subjects cards category: "Shh..."

The category "Shh..." contains topics considered taboo, which may be more difficult to address in family discussions, or, perhaps, over generations people have become accustomed to the mentality that certain topics are not to be spoken about: money and financial management, conflicts and separations, illness, jealousy or rivalry, death or absence of loved ones, diversity and discrimination. These opportunities for discussion came to support the process of revealing topics or situations, especially in interaction with children. Children can feel the gravity of a situation from the words, spoken or unspoken, from the struggle of the adults in the family and their behaviors, from the absence of the loved one, from the changes produced in daily habits. Children may lose the pleasure of talking to their parents, especially if too many things are hidden from them, and even retreat into their shell, become taciturn, closed in themselves. By maintaining an atmosphere of secrecy about the evolution of a situation, divorce or illness, the child may feel excluded from important family events by perceiving it as unfair, or may start to weave scenarios that are more negative than reality is. Children desire to be involved in family life, want to communicate as freely and honestly as possible about difficult topics, about family troubles, they need to receive explanations, to express their opinions, fears, worries in front of others. The elephant in the room is a metaphor that puts all our senses to work, to talk about things that weigh on us, about the difficulties we face. This helps us to see the elephant grow and occupy more and more of the room (from our inner psychic space), we feel the increasingly overwhelming atmosphere of unspoken words, we even become aware of the power of our words, and the fact that once the concern is said, the elephant will become really, really small and its weight will disappear. The example of an exercise suitable in the context of processing loss or separation labors, in which the child or parent still fail to verbalize, is provided below:

"Hulk: Maybe it's in your mind, and when you get upset it gets bigger and bigger and you get angrier and angrier. Like when someone shouts at me! Or this elephant would show up when I remember how much it bothers me that we're home, and we stay inside all day and that we can't get out. It upsets me that I can't go to the seaside, I should shoot the cop who won't let me. And no one talks about this, like it's normal!" (the period of isolation, in the emergency state, which is becoming increasingly

difficult for children to manage, and avoid talking about it. Once we recognized that this was the elephant in the room, and we've talked about what scares him, or makes him angry, the elephant is getting smaller and smaller).

Image 4 – Taboo card example



III. Results

Following the family intervention that was structured on the therapeutic game “Take my hand”, we used a comparative analysis, to highlight changes in the measured indicators present in the family drawing test. More specifically, the number of indicators specific to devaluation lowered from 21 to 4, with a decrease of 76%; and, on the other hand, the indicators marking the value of one’s self, in the case of children, were initially 41, in order to reach 58 at the end, thus there was an increase of 40%.

Image 5 – Elsa’s Family drawing



In addition to quantitative changes, it is also necessary to pay particular attention to qualitative aspects. For example, in the initial stage, some of the children chose not to include themselves in the drawing, or to draw themselves at an earlier developmental stage, as babies, in their mother’s arms

(indicating a devaluation of their own person, a sense of non-belonging to their own family, or a regression); on the other hand they chose to exclude their brothers from the drawing, justifying (although they are the younger brothers) that they only drew their person, because they were still alone with their parents in that drawing, the elder brothers had not been born yet (a desire to have their own period as only child, or to be the older ones, the ones who are allowed to do more things). In the final stage, in each representation all family members are present and we can talk about a more harmonious distribution of the characters, a shorter distance between them, a more pronounced fraternal bond, even an increase in the inner self of the child (e.g., the representation of small Jasmine and big Jasmine, which really says that now she has grown and no longer needs the hands of her mother to hold her).

In the analysis of the results obtained from the questionnaire-based evaluation, we used the Wilcoxon statistical test because the sample size (N=8) did not allow the use of the t-test for dependent samples. Thus, this non-parametric procedure indicates the differences between the pair samples and the way in which they are ordered, to be able to identify whether there is a significant difference between the initial and final assessment.

Table 1 - Family drawing indicators

A. Devaluation indicators	Initial drawings/ no of subjects	Final drawings/ no of subject
Father last drawn	4/ 8	2/ 8
Mother last drawn	1/ 8	1/ 8
Omission of a family member	4/ 8	0/ 8
Omitting himself/ herself from the drawing	2/ 8	0/ 8
Small height of mother/ father	2/ 8	1/ 8
A big distance between the members	0	0
Separating himself/ herself from the family	3/ 8	0/ 8
The absence of colors or using cold colors	3/ 8	1/ 8
Location of drawing on the edge of the paper/ right side	2/ 8	0/ 8
Total indicators	21	5

B. Valorization indicators	Initial drawings/ no of subjects	Final drawings/ no of subject
Father first drawn/ second	1/ 8	2/ 8
Mother first drawn/ second	4/ 8	6/ 8
Drawing all the family members	4/ 8	8/ 8
Drawing himself/ herself	6/ 8	8/ 8
Tall mother/ father	2/ 8	3/ 8
Normal or small distance between the members	8/ 8	8/ 8
Putting himself/ herself together with the family	5/ 8	8/ 8
Hot colors	5/ 8	7/ 8
Location of drawing in the center of the paper/ left side	6/ 8	8/ 8
Total indicators	41	58

Based on the data presented concisely in the table below, we will either confirm or infirm the research’s hypotheses and objectives.

Table 2 - Nonparametric Wilcoxon Analysis

Test	Subscale	Z	P
PRFQ	Pre-mentalizing modes	-2.100	0.036
	Certainty of mental states	-2.366	0.018
	Interest and curiosity	-1.461	0.144
PCRI	Parental involvement	-2.388	0.017
	Family communication	-2.205	0.027
	Parenting satisfaction	-1.186	0.236
FACES IV	Family cohesion	-1.680	0.093
	Family flexibility	-2.524	0.012
BASC-2	Children’s adaptive abilities	-2.438	0.015
Pictorial Scales	Perceived competence (from the child’s perspective)	-2.386	0.017
	Perceived acceptance (from the child’s perspective)	-2.524	0.012

In the case of the PCRI test, several variables were analyzed, which we will inspect individually. For the variable “functional family communication” there was a significant increase, starting at the initial stage of $M = 36$, $SD = 3.02$ and reaching the final assessment at $M = 42.37$, $SD = 3.37$. The recorded data support the rejection of the null hypothesis ($p = 0.02$, $p < 0.05$) and the acceptance of the research hypothesis (H1), which supports the existence of a relationship between the use of a boardgame based on unifying experiential techniques and functional communication within the

family. For the variable “parental involvement” a significant increase can be observed, starting in the initial assessment of $M = 58.02$, $SD = 2.62$ and reaching the final stage at $M = 60.62$, $SD = 4.83$. Thus, we can dismiss the null hypothesis ($p = 0.01$, $p < 0.05$) and support the existence of a relationship between the use of a therapeutic boardgame based on Unifying Experiential techniques and the increase in the level of parental involvement. On the other hand, in the case of “parenting satisfaction”, there was no significant difference ($p = 0.2$, $p > 0.05$), which leads to confirmation of the null hypothesis and the conclusion that the data obtained at this time do not support a correlation between the use of this boardgame in the intervention of family therapy and satisfaction in parenting. Thus, the H2.2 hypothesis is partially supported.

In the FACES IV test, we have looked at two directions of exploration, namely “family cohesion”, where there is no significant difference ($p = 0.09$, $p > 0.05$), which guides us to disprove a relationship between the use of the therapeutic boardgame presented and family cohesion, its level remaining relatively constant. By contrast, the variable “family flexibility” achieves a significant increase ($p = 0.01$, $p < 0.05$), at the initial stage being an average of $M = 2.45$, and in the final stage an average of $M = 3.91$. We can therefore reject the null hypothesis and support the research hypothesis, given the relationship between the use of therapeutic boardgame and family flexibility. We can conclude that the H2.1 hypothesis is partially supported.

Based on the Pictorial Scales of Perceived Competence and Social Acceptance test, we have focused on the “perceived parental acceptance” subscale, specifically how much accepted by his mother feels the child. Thus, in the case of our sample of 8 respondents, we have a significant increase from $M = 2.73$, $SD = 0.53$ to $M = 3.43$ with $SD = 0.25$ at the end of the intervention. In this context, the research data support the rejecting of the null hypothesis, and the acceptance of the research hypothesis (H2.3), linking the use of this therapeutic boardgame to the level of perceived acceptance by the child ($p = 0.01$, $p < 0.05$).

With regard to the PRFQ test, the results highlighted a significant decrease in scores for pre-mentalization modes ($p = 0.03$, $p < 0.05$) and parents’ certainty about children’s mental states ($p = 0.01$, $p < 0.05$), which leads us to dismiss the null hypothesis, and provides us with data to support the H3.1 hypothesis that the use of a boardgame based on experiential techniques will lead to a decrease in the pre-mentalization modes and certainty of parents on the child’s mental states.

Last but not least, using the BASC-2 test, the parent variant, we can notice the change in the child's adaptive abilities. In the initial stage the sample scored an $M = 12.90$, $SD = 1.58$, for this average to become $M = 13.97$ at the post-intervention stage, $SD = 0.97$. With a significant difference ($p = 0.01$, $p < 0.05$), we can discard the null hypothesis and support the H4 hypothesis, according to which it is assumed that the Unifying Experiential method transposed into a boardgame will determine the emotional development and adaptive skills specific to the preschooler.

Case study: Searching for the lost Rainbow

Case description: Rainbow, 4 years 7 months-old girl, who is a single child and attends the middle group in a private kindergarten. An extremely creative nature, she uses stories, a "secret language" and games as diverse as possible to express herself. From a cognitive point of view, from the descriptions of the educational center staff, she quickly accumulates information, easily recognizes and transcribes letters, enjoys roleplays and puts herself in the vast majority of cases in the role of a person who cares for others, offers security and affection (when playing with the family, she is the mother, if she is playing with the cats she is the big cat that brings them home, etc.). R. is a child who has a low level of tolerance for frustration, if things do not happen the way she wants or imagines, she chooses to get upset and give up the activity she is doing. They have difficulty managing or accessing negative emotions.

Reason for participation in the family intervention: In the period prior to participation, there were several changes in the family: the mother has changed the job, having a busier schedule, and was planning moving to a new home (this happened during the project), which also brought some changes in R.'s behavior: her attitude became much more critical of herself and inhibited her favorite mode of expression (drawing), fearing it might not turn out perfect. Also, as a family trait, they are aware that they have difficulties recognizing and expressing their emotions, especially the negative ones, and are looking for support to succeed in doing so.

The structure of the psychotherapeutic family intervention:

a) The objectives of the intervention, also included in the present research:

- development of adaptive skills and the capacity to identify and express emotions in rainbow;

- development of the mother's reflexive capacity and parental empathy;
 - developing family connection, cohesion and involvement;
 - development of open, functional communication within family relationships.
- b) Personalized secondary objectives:
- increasing the degree of identification and expression of emotions, especially accessing "negative" emotions;
 - developing adaptive skills and increasing resistance to frustration;
 - encouraging emotional communication, not only cognitive-focused, between family members;
 - increasing the sense of belonging and acceptance by the parents, that rainbow perceives;
 - overcoming the creativity blockage.

The therapeutic interventions unfolds in three directions: exploring emotions (Session 1 – "I'm special even when I'm sad"; Session 2 – "Lost Rainbow"), parent-child connection (Session 3 – "Stories and memories"; Session 4 – "The lock of creativity"), assessing taboo subjects (Session 5 – "Questions and Answers"; Session 6 – "Corona and other problems").



Image 6 – Rainbow's family drawings

Conclusions on the subject and the effectiveness of family intervention: R. managed to identify and express several types of emotions, positive or negative in nature; the whole family managed to communicate openly and address topics that they had been avoiding for some time; R. managed to develop certain resources, adaptive mechanisms that allowed her to overcome the creative blockage and increase the feeling of belonging to the family; the family began to pay more attention to the explanations given by the girl to her behaviors and to look for them in her register of needs and desires.

IV. Discussion

The present paper illustrates the development of a therapeutic game, based on experiential techniques, aimed to better connect the parent-child dyad, to identify and express emotions, as well as ensure communication in the family as open and honest as possible. The challenges were designed to address family members, with both text and images, so that everyone, regardless of age, could get an information input from each new card extracted. Both the physical (hard copy) game and the digital version, developed to give parents an accessible tool in a tumultuous period, such as the pandemic, can be used by both families and family intervention specialists independently. We believe that through the challenges presented, these guide one to experiences which can only be lived here and now, and so the game and intervention described bring added value and originality in family interventions.

The results collected based on the research confirm, in whole or in part, the hypotheses on which the present paper and the therapeutic instrument presented in it were structured. Thus, it can be argued that the use of the therapeutic boardgame "Take my hand" in family interventions has effects on the level of connection between parents and children, on the development of the ability to communicate between family members, even in the case of "taboo" subjects and on the ability to identify and express emotions. By comparing the objectives of the paper and the results obtained in this research, we can state that:

O1: Developing open communication in the family environment (discussing one's mental states, feelings, emotions; addressing "taboo" topics). This objective is supported by the confirmation of H1 hypothesis, which illustrates that both children and parents were able to communicate more easily, more openly and directly within the family. An example of feedback: "we had the opportunity to talk about a variety of things and I realized that when I was a kid, I had curiosities just like Audrey has".

O2: Evaluation and development of family-level connection through cohesion and involvement of its members (which implies increasing family cohesion and flexibility, increasing parental involvement and satisfaction, developing the perceived level of parental acceptance by the child). Based on the results of the research, we have data to partially support this objective, namely have been attained the following: increased flexibility, family members' ability to adapt to unforeseen situations, yet cohesion has remained constant. We can also explain this by the rather high level of the dyads at the initial stage, and an exaggerated increase in it could have suggested a family style that restricts freedom of expression or interaction outside its environment, which is not the case of the present sample. On the other hand, the level of parental involvement has increased, with satisfaction with parenting remaining constant. Last but not least, we see an increase in the level of self-perceived acceptance of the child by the parents, which can be translated into the fact that in the case of children who participated in this research, they felt more accepted as they were, by their own parents, they felt that they were doing more activities together, that their opinion was taken into account more. Some feedback from parents reveals: "We learned that most activities are perceived by the child as needed to be done together"; "I have learned that my daughter has a limitless imagination and when I connect with her, we can create a magical world".

O3: Evaluation and development of the parent's reflexive capacity and parental empathy, involving developing the parent's mentalization capacity, developing the ability to identify and express emotions. This objective is supported by partial confirmation of hypotheses, which mark the decrease in pre-mentalization modes and certainty about the child's mental state – more specifically, the frequency with which parents associate causes related to their own person to behaviors or states of the child, or a clear conviction about their cause, without showing interest, curiosity to find out what caused the child's condition (for example: "he got sick to keep me at home", "cries to annoy me", etc.). The parents practiced identifying and expressing emotions. Some examples of feedback: "I realized that it's hard for me to say wonderful/ special things about myself... I knew but now I had this challenge right in front of me and I had to deal with it to set an example for R. to know her strengths"; "I wish to overcome my fears"; "Experience has helped me to understand practically the importance of context – for example: if I integrate activities into another game (such

as this board-game), the child is open/ enthusiastic related to activities that do not normally attract/ bore him – for example exercise with rhythm; and a made-up story I sang”.

O4: Evaluation and emotional development and early school-specific adaptive skills such as: development of adaptability, identification and expression of emotions by the child, and development of social skills. The above objective is supported by the confirmation of the H4 hypothesis, which suggests the emotional development and adaptive abilities of the child. Some examples of feedback: “I noticed that he avoids accessing negative emotions, regardless of context, and within the game he was able to start, with small steps, to express them by drawing”.

The first and most obvious limit in this context was the period of the study, which began in mid-January as an intervention itself and ended in May, with families going through several changes generated by the pandemic and subsequent restrictions. Thus, the scores on the questionnaires, patience, availability of both parents and children were influenced by the obligation to stay at home for two months. Another limit would be the reduced number of cards and the fact that some of them had contents which proved too difficult to be fully understood by the age group on which the research was carried out. As the first testing experience of the game, we sought to make improvements throughout its development and collect feedback, to make it as useful, meaningful as possible, both for children and parents.

As future directions, we consider supplementing the cards in each category, and introducing more challenges centered on the body, because the focus has been quite a lot on emotions, cognitions, behaviors. Another important aspect will be setting up goals in the game and recording progress (by advancing on a board), taking care not to spark a competition between family members, but to keep them motivated to win as a team.

Certainly, for quantitatively representative validation of the effects of the “Take my hand” game and the intervention it would be necessary to carry it out on an extended sample and to allocate a longer time to test and record observations.

The research directions relate to the situation we are faced with, as more and more parents are working many hours overtime, have a hectic, busy lifestyle and look for opportunities/ methods that the time they spend with the child be a qualitative one, and this game could be the very tool they needed.

V. Conclusions

The present paper aims to bring a playful facet to the aspects related to family therapy, outlining a game that can be used both as an exploration tool in the psychological office, under the guidance of a psychotherapist or counselor, but at the same time, for practicing certain skills, communication and spending quality time together, it can also be used independently by the family, in their own home.

As previously illustrated, the research provided information to support the effects of using the “Take my hand” therapeutic boardgame and the intervention developed on the child’s adaptive abilities, the parent’s mental capacity, communication and expression of emotions at family level, and even the change of the degree of acceptance, integration that children perceive in their own family.

A.G. Tomşa: As a personal experience, I can state that it was full of emotions, as everything started from an idea I had while preparing my Bachelor’s thesis. We studied how parenting styles influence how we behave later as adults, and the influence the type of family we come from has: single parent (after the death of a spouse), with separated parents after divorce, or biparental. My desire was to help families connect so that in the face of any disruptive events, individuals can turn to their own family as if it were a pillar of resilience. The emotions came during the transition period, in which from the chaotic ideas that ran through my mind, with hesitations and insecurity, I managed to conceive the game, to see it in front of me, in physical format. The second wave of emotions started after the evaluation period, in the first session in which I used the game and it was an experience that I will hardly forget, in which a mother and a child shouted “I love you”, as the result of a game challenge, because they seemed to forget to say it too often. I witnessed such a pure expression of affection: a mother who said to her daughter “and in addition to everything I’ve told you, I still have a million reasons why I love you, but the most important thing is that you are YOU” and the girl whose eyes were then sparkling and was standing on tiptoes taking in the words she had just heard, all these becoming from that point the main motivation for carrying out such work and turning the dissertation project into a real game. In this sense, the mobile application “Take my hand” was born, and I hope that soon the game will be available in physical format. During the meetings, I felt how I grew together with them, and I realized how important it is to be present and authentic, when you have a child who opens up in front of you.

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