

What next? Intervening to modify child abuse and neglect

Carol Jolliffe
Child and Family Training UK

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Child and Family Training (C&FT)

- C&FT is a not for profit training organisation
- **Goal – to develop and train an accessible set of evidence based approaches, resources and tools**
- Assessment, planning , analysis and intervention
- measuring outcomes of work with children and families

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Introduction – Child and Family Training

- Assessing parenting and the family life of children using the **HOME Inventory** and the **Family Pack of Questionnaires and Scales**
- Assessing families in complex child care cases using **The Family Assessment**
- Communicating with children and young people using the **In My Shoes Interview**
- Using **The Attachment Style Interview** in child care, fostering and adoption contexts
- Child protection decision-making using the **SAAF Safeguarding Assessment and Analysis Framework - analysis of risks of future harm to a child and prospects for intervention.**
- **The Hope for Children and Families Resource Pack (HFCF)**

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Child maltreatment

Definitions

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Child Maltreatment definitions

- Child maltreatment *‘an act of commission or omission by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child’.*
- *a personal exposure to physical acts of intentional harm in the first 18 years of life, including physical or sexual maltreatment by parents or other caregivers, physical or sexual assault by other adults, exposure to parents or caregivers, domestic violence, bullying by peers or siblings, or violence within the context of an adolescent romantic relationship’ (Moffett 2013)*

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Emotional abuse and neglect

- **Physical and Sexual abuse** is based on an inter-twining of emotional abuse and neglect
- **Emotional abuse** -negative perceptions of a parent, intentional behaviour that conveys the child is worthless, flawed, unloved, unwanted, in danger or valued only in meeting another’s needs. Justifies physical and sexual abuse, exposure to violence
- Associated with a **child suffering significant fear and stress responses, and difficulties regulating their emotions,**
- **Neglect** is a parent’s failure to meet a child’s basic physical, emotional, medical/dental or educational needs; failure to provide adequate nutrition, hygiene or shelter or failure to ensure a child’s safety
- Associated with a **Failure of neurobiological development, cortical thinning, and general growth failure.**

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Child Maltreatment – Rates (Radford 2011) – interviewing young people, much higher than reported rates

Child Maltreatment – physical abuse, emotional abuse, neglect. The rate for the whole sample (15.2%)- life-time rate for the oldest 14 -17 years, (38.1%) .

Neglect (5.1%)for whole group, life time prevalence 14 -17years, - (18.4%)

Contact and non-contact sexual abuse –(24.1%)– by any adult or peer perpetrator.

Contact sexual abuse (12.5%.) Contact abuse perpetrated by a **parent or guardian** 1% - (1.5% girls, 0.6% girls)

Witnessing family violence, (8.4%) 5.8% had witnessed parent to parent conflict and assaults. Life-time 14 -17 years, 32.0% for family assault, 25% parent to parent.

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Polyvictimisation –Multi-Part Maltreatment Finkelhor 2007

- Finkelhor and colleagues (2007) confronting the reality of children’s experiences of maltreatment. A National Survey of Children - 2 to 17
- 15% low rates of victimisation, 78% moderate, 7% reported more than 7 different forms of victimisation
- Polyvictimisation or Multi-Type Maltreatment.**
- More likely to **suffer sexual abuse**, to have **witnessed the abuse of a sibling**, to have been abused themselves. Their responses – **anger and aggression put them at risk of further victimisation.**
- This group had higher levels of clinical symptoms, **depression and anxiety**, they lived in families characterised by **interpersonal violence, disruption, and adversity.**
- The **cumulative impact of polyvictimisation**, and resulting **interpersonal violence and bullying** triggered around the age of 14 years.

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Multi-Part maltreatment (Cecil et al 1917)

(Cecil et al 2017) **older group of inner city youth in the UK – aged 16 -24.**

One in four children described a single form of maltreatment. **68% experiencing one or more forms of maltreatment,**

Sexual abuse was associated with other forms of maltreatment.

The **number of maltreatment types predicted the severity of psychiatric symptoms**, in a linear fashion – a **cumulative effect,**

Emotional abuse difficulties, uniquely predicted **‘internalising disorders,** the negative perception of the child, **‘heightens’** the impact of other forms of maltreatment, - prolonged **parental criticism** associated with **harsh parenting and physical abuse,** contributes to **negative self-perception, anger and PTSD** the child **believing they are worthless and unloved.**

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Child Maltreatment in Context – Adverse Childhood Experiences –ACE’s – studies

ACE Study (Fellitti et al 1998) studied childhood trauma and the association with adult health and well being -17,000 adults .

Seven adverse life events measured including all forms of Childhood Maltreatment; living with parents who were substance abusers, mentally ill or suicidal, or imprisoned. **Two thirds - have one ACE, One in five – 3 or more.**

Total ACE score –a measure of cumulative childhood stress, dose – response between ACE’s and **negative health and well-being,** alcoholism, depression, illicit drug use, heart disease STI over the life course (CDC 2016)

Further research confirms the relationship – **extending the number of adverse life events –** including separation and divorce, and looking at individual and cumulative impact (Merrick 2017) **identifying suicidal behaviour** as a particular concern

Further Research on ACE’s- (Garcia et al 2017, Greeson 2016) 20 Types

–Complex Trauma was defined as any forms of maltreatment – (PA, SA, EA, Neglect and DV exposure) Incidence of 20 ACE’s in children reported as maltreated.

- **Significant Traumatic loss/separation and exposure to domestic violence** 50%
- **Impaired caregiver, anxiety, depression, substance abuse, alcoholism** 40%
- **Emotional Abuse** 40%
- **Physical abuse and neglect** 31%
- **Sexual abuse** 16%
- **Illness/Medical Trauma** 10%
- **Fostered children – Complex Trauma – 2 forms** 70%, 5

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The impact of child maltreatment on health and development – neurobiological impact

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The impact of Neglect and the brain

Neurobiology: Neglect and the brain

Structures tend to be fixed by birth, but the connections and functions carry on being sorted until early adulthood.

Department for Education

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The role of stress

1. The core response of adversity is to evoke a **stress response**, which can have short or longer term effects including impairment to a child's health and development.
2. There can be **positive manageable stress**, linked to 'mastery' - associated with short lived physiological responses, buffered through social support, attachment figures. Relevant skills promote mastery and maturity. Exposure to reasonable stress **promotes resilience**.
3. When children are exposed to **extensive victimisation** 'Complex trauma' - without social support - this is now described as **'toxic stress'** and can evoke **'traumatic responses'** which have long term impacts on mental and physical health, education, and life span.

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Emotion

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Impact of maltreatment - summary

- The **burden** on the life of a child is potentially extensive, with a major impact on the individual, on future family life, and is a burden on the community.
- Many children who have been maltreated develop **psychiatric and medical disorders** at significantly higher rates than non-victimised children.
- The **long-term negative health consequences** of extensive victimisation can last well into adult life, at risk of mental health and medical disorders,
- There is an **associated impairment** in various aspects of cognitive, social and emotional development. poorer educational achievements, lower earnings risks of criminal activities.

Intervention

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The Goals of Intervention

- **Primary prevention – universal and targeted interventions** prevents maltreatment and impairment of children before they occur through **universal services** which have a beneficial impact for all families.
- **Targeted interventions** aimed at identifying families at risk of maltreating their children – e.g. parents who have problems with mental health, addiction and violence, and working with those parents and children to minimise the impact on children's health and development.
- **Secondary prevention** prevent **recurrence** of maltreatment when it has occurred, work with parents, and children address harmful impacts of the maltreatment on health and development.
- **Tertiary prevention**, work therapeutically with parents and children overcome harmful impacts of maltreatment, interrupt ensure the **cycle of intergenerational abuse and neglect**.

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Interventions when maltreatment has occurred

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The Solution – modules Marchette and Weisz (2017) and Bentovim & Elliott, 2014,

- ... *the development of treatment approaches (multi-focal, rather single focused) that can address multiple disorders and problem areas, capitalizing on the benefits of manualised treatments and their supporting evidence while affording greater flexibility to meet the complex needs of youths and their families.* (Marchette page271)
- Common elements approaches** address multiple forms of psychopathology by bringing together therapeutic procedures commonly used for each, distilled from intervention manuals (Chorpita & Weisz, 2009) organised and linked progressively to address multiple disorders and problems that emerge during the course of treatment.

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Common Practice Elements

- Common practice elements** ‘Psychoeducation for parent and child about the harmful impacts of abuse’, ‘Managing oppositional behaviour’, ‘Social and safety skills training’, ‘Anger management’, ‘Listen supportively to their children’, ‘Creating a trauma narrative of stressful traumatic events’, ‘Relaxation skills’, ‘Providing a proactive management approach’,
- Common practice elements** integrated into step by step **practice guidelines** developing a **library of modules and guides** to be used across the field of maltreatment ,fitting the specific needs of parents and children.

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A Solution – a Transdiagnostic, modular approach (Marchette & Weisz, 2017; Bentovim & Elliott, 2014)

- Common elements approaches** address multiple forms of psychopathology by bringing together therapeutic procedures commonly used for each, distilled from intervention manuals (Chorpita & Weisz, 2009) organised and linked progressively to address multiple disorders and problems that emerge during the course of treatment.
- Modular Approach to Children with Anxiety, Depression, Trauma and Conduct (MATCH-ADTC)** is a highly effective treatment for the common mental health problems of children and young people, associated with exposure to complex maltreatment
- The HfCF is based on the MATCH-ADTC approach and, in addition, modules to **modify harmful parenting and family responses, promoting children and young people’s development, attachments and overall well-being.**

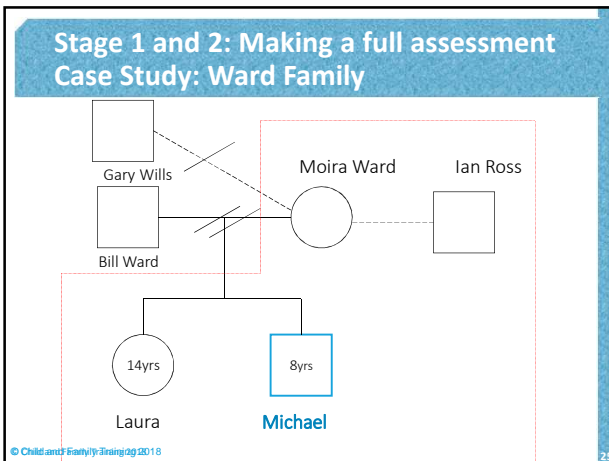
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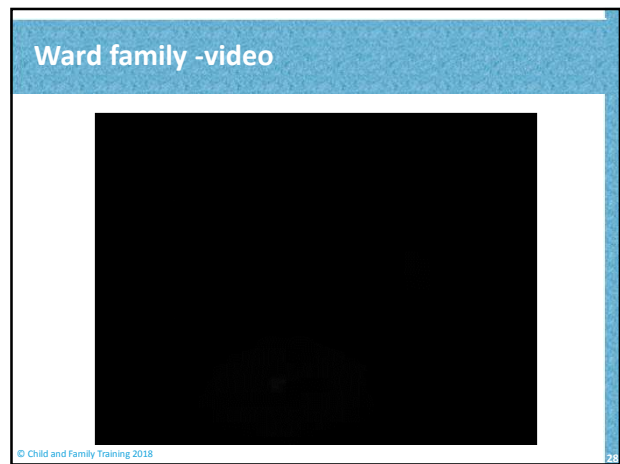
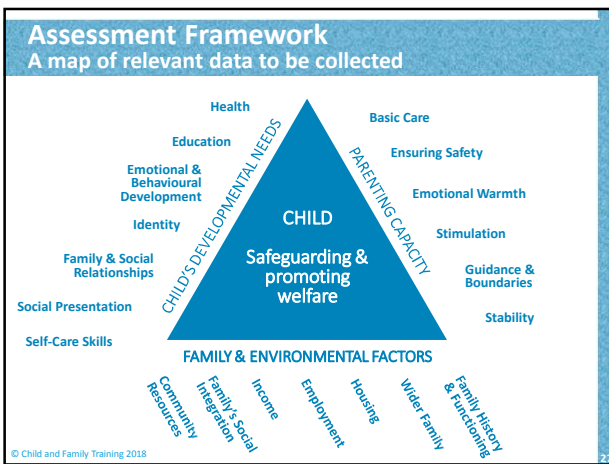


Stage 1 and 2: Making a full assessment Case Study: Ward Referral

School have referred Michael because of concerns about a recent, marked change in his appearance and behaviour.

- He has become anxious, distracted and has difficulty concentrating
- He is persistently late, has a neglected appearance and is often hungry when he gets to school
- Last term he was bright, cheerful and smartly turned out

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Wards – Profile of Strengths and Difficulties

<h4>Child's Developmental Needs – Michael</h4> <ul style="list-style-type: none"> Health <ul style="list-style-type: none"> Recent evidence of neglect, poor growth, poor care Exposure to domestic violence and alcohol misuse History of better care Education <ul style="list-style-type: none"> Recent limited support of education Poor school attendance and progress Emotional & Behavioural Development <ul style="list-style-type: none"> Withdrawn, fearful, anxious and depressed, sense of loss Identity <ul style="list-style-type: none"> Alienated, isolated and confused Family and Social Relationships <ul style="list-style-type: none"> Subject of criticism, disqualification and excessive punishment Sister supportive, but attachments with Mother undermined, fearful and intimidated by Ian Not seen as acceptable to Step-father Social Presentation <ul style="list-style-type: none"> Withdrawn, friendless Self-Care Skills <ul style="list-style-type: none"> Expected to care for self Limited self-care skills 	<h4>Family and Environmental</h4> <ul style="list-style-type: none"> Family History and Functioning <ul style="list-style-type: none"> History of exposure to paternal role models, violence to control Maternal – loss of Mother at key stage, use of alcohol as a coping mechanism Domestic violence and separations Disrupted family relationships Wider Family <ul style="list-style-type: none"> Separated from wider family, isolated Housing <ul style="list-style-type: none"> Good care of the home, well maintained Employment <ul style="list-style-type: none"> Good employment history Income <ul style="list-style-type: none"> Some financial priority to adult needs Family & Social Integration <ul style="list-style-type: none"> Isolated family moved to avoid memories Disrupted networks Community Resources <ul style="list-style-type: none"> Community agencies have been avoided Poor attendance, and/or drew concerns Sister Laura drew attention of to Conflict, Domestic Violence, Alcohol Misuse, and harsh punishment 	<h4>Parenting Capacity</h4> <ul style="list-style-type: none"> Basic Care <ul style="list-style-type: none"> Poor provision of basic care Care disorganised, ineffective, neglectful Disagreements about Michael's care needs History of reasonable care despite M's Alcohol misuse Ensuring Safety <ul style="list-style-type: none"> Exposure to Domestic Violence, Alcohol Misuse, and punitive responses Inappropriate expectation Failure of supervision Emotional Warmth <ul style="list-style-type: none"> Insensitive, inconsistent attachment, disrupted undermined attachments Rejection and lack of understanding History of maternal warmth, and by previous partners Stimulation <ul style="list-style-type: none"> Failure to support education Criticised and blamed for not meeting expectations Guidance and Boundaries <ul style="list-style-type: none"> Rigid boundaries, inconsistent rules, harshness and neglect Stability <ul style="list-style-type: none"> History of disrupted relationships Escalating family conflict, increasing risk of couple conflict
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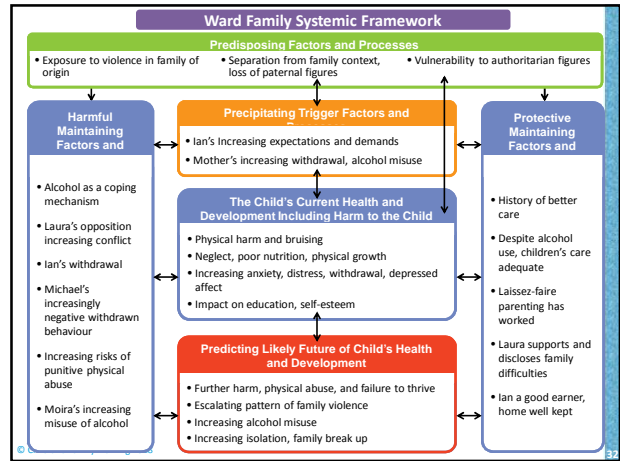
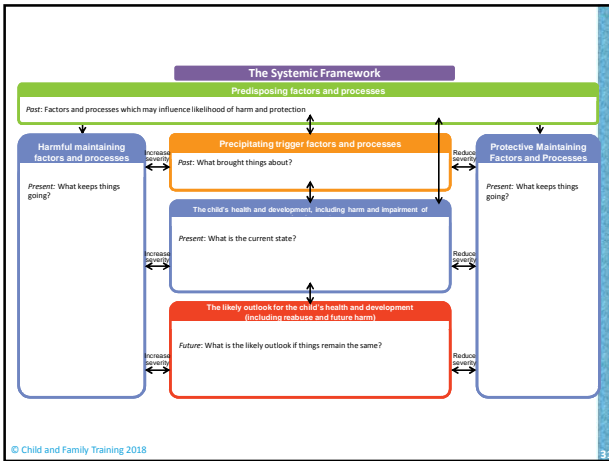
Communicating with Children Michael Ward

Some weeks later there was a further incident:

- Michael found wandering the streets late at night
- Laura has left home after an argument
- He had bruising on his legs and back where Ian had hit him he said
- Moira, his mother, was drinking more heavily

Michael was accommodated and a Child Protection Conference was called

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What would be the goals to work with the family, which modules would help to achieve them?

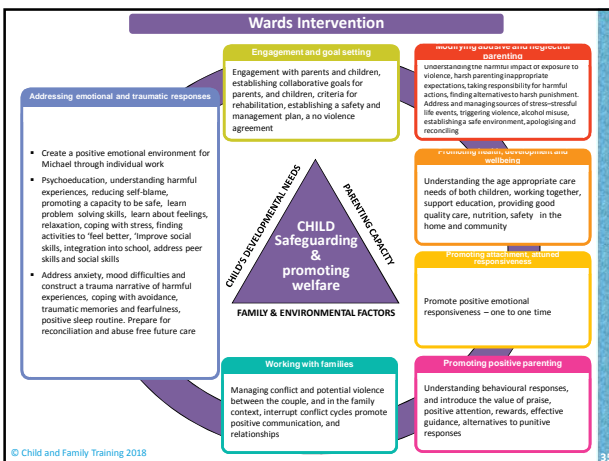
Discussion task

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Stages 6 and 7 developing an intervention approach, defining outcomes

- Initial stage is Creating collaborative goals**
 - Michael and Laura to be able to return to their parents
 - Ensuring care of the home and children is satisfactory,
 - To acknowledge the extensiveness of harm to the children, the role of punitiveness, violence and neglect, and the role of alcohol
 - To find alternatives to punitive care, and use of alcohol to cope with stress
 - Protection, recovery from traumatic symptoms for Michael, school attendance satisfactory development
 - Improved emotional responsiveness, and relationships

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Components of the guides

Each module includes:

- Practitioner briefings** summarising theory, research, and approach
- Content and materials** focusing on children, young people, parents, or families.
- Relevant steps** to achieve an evidence-based goal, and the particular focus
- Suggested scripts** for working with children, parents and families, to help practitioners understand the aim of the module and practitioners find their own voices and approaches
- Guidance notes** - understanding the background to the particular steps
- Activities** supported by worksheets to help achieve a particular planned outcome
- Practice – role plays and coaching approaches** reinforce learning
- Handouts for parents** to remind them of particular approaches outlined
- Worksheets** for children and parents to negotiate the various steps.

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Model of training intervention skills

- Describing the approach to training
- Training practice supervisors, team leaders and practitioners
- Plan which guides are relevant to the practitioners, and the sequence of a series of training workshops, and coaching sessions
- Coaching sessions – approach to supervision, and practice development

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Intervention – parenting and families

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Module Working with families

Promoting healthy functioning, family communication and problem solving skills

- Facilitating more positive parent/child communication, working with Ian and Moira to manage communication between themselves, and with the children.
- Note techniques used in the video interview to manage conflictual processes
- Discussing difficult topics using a communication hierarchy, eg about violence which has occurred, Moira's drinking, the needs of each of the children.
- Teaching practice and communication skills to members of the family to improve positive relationships amongst them.

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Helpful techniques to manage conflict – see handout

- **Conflict is action rather than thought** the aim is to use techniques which cut across incidents of conflict, and promote thought
- **Externalising approaches** label the fact that 'anger' takes hold of people in the family, and can be difficult to manage – can I check who manages to control it best?
- When **strong differences of view are expressed**, to indicate that there are differences emerging, -it seems that you – feel this, and you another view – I would find it helpful to clarify views
- When there is '**over-riding of views**' again interrupt, and indicate that there are obvious differences, and you are interested to hear them
- Use **Miracle Questions**, and **Solution Focused approaches**

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Psycho-education - Responsibility for violence – script -

- Responsibility for violence
- Discuss who parents feel is responsible for what has happened to their child.
- When children are harmed, who do you think they blame?
- Do you think they blame themselves?
- Do children blame parents?
- Would you be surprised to know that when children have been directly harmed, they often blame themselves, feel it was their fault that a parent got angry with them or said unkind things or acted in ways that caused them harm?
- Why do children blame themselves?
- They have a limited capacity to understand what is happening to them, and they easily blame themselves.
- Who is responsible for choices? Is it the child who is being provocative and difficult, or the adult who has lost their temper and hits out harder than they meant?

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Module Working with Parents: Targeting Abusive and Neglectful Parenting

Parents coping with stress and the link with abusive and neglectful parenting

- The way stress can arise and affects parents behaviour and capacity to provide good quality care – eg Moira's use of alcohol – Ian's irritability and violence
- Factors which play a part in increasing parenting stress, children's temperament, factors effecting the parent as an adult, including personal health and relationships. – loss, separations, conflict over expectations, particular situations, care
- Parental responses to family of origin stress issues, both past and present, fact that patterns of violent paternal models, absent protective figures.
- Response to environmental stressors, managing stress including the use of relaxation and mindfulness training.

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Parents coping with stress and link with abusive parenting

Stress as a key factor linking with abusive and neglectful parenting and the impairment of children.

Stress as a way to speak about the way abusive and neglectful actions can arise.

A way of introducing a factor which is inherent for all parenting and which can be modified.

Using CBT principles to manage stress

The diagram illustrates the cycle of parental/carer stress. It shows a central cycle where Situation leads to Behaviour, which leads to Consequences, which leads to Feelings and Thoughts, which then leads back to Situation. A separate diagram shows a triangle with Behaviour at the top, Feelings at the bottom left, and Thoughts at the bottom right, with arrows indicating a clockwise cycle between them.

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Discussion of the model of stress

- Initiate a discussion about the model of stress with Ian and Moira – use the diagrams to talk about the incidents you observed on the video – eg the way Ian responds to Michael and Laura, and the way Ian and Laura respond to each other
- Include how each parent feels and gets involved in the cycle
- Use the scripts to check on particular incidents-

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Managing Stress

Managing stress
Learning to relax can help combat bad feelings.
Practice brief self-calming techniques.
Discuss mindfulness training.
Discussion of relevance to practice.

Quick Calming

When we feel sad, worried, or upset, we may feel tense and agitated in our bodies. One way to help ourselves and our children manage these emotions is to do some things we can do ourselves. Activities designed to improve mood help us and our children see more positive and calm when we feel physically relaxed.

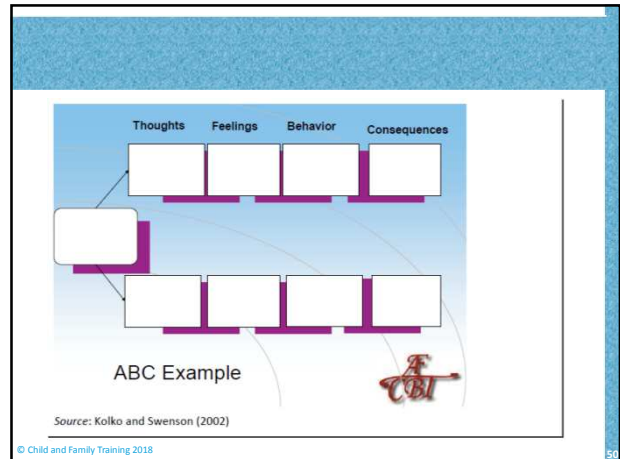
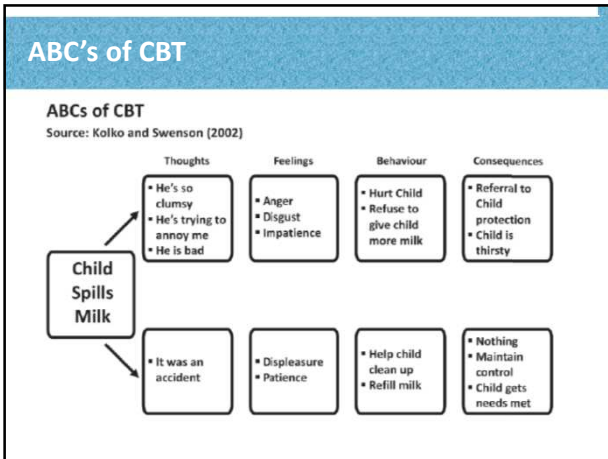
One kind of relaxation your child can use is called Quick Calming. This is a way to calm down in public places or in bed to start a private quiet, when there is a quiet or when time or your child is caught off guard by a stressful situation. With practice, Quick Calming can help you or feel more relaxed and calm in a variety of situations. There are three steps to Quick Calming they will find it.

1. Relax your muscles. Press especially on the areas that feel tense.
2. Breathe your breathing. Take slow, deep breaths and exhale slowly each.

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Module – Helping parents cope with negative perceptions of their children

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Intervention guide for practitioners

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

Promoting children and young people's health, development and wellbeing

Intervention guide editor: Arnon Bentovim
Series editors: Arnon Bentovim and Jenny Gray

- ### Aim of session
- These are **key modules** in modifying neglectful parenting, focusing on providing a safe context of care, and good quality care.
 - They rely on a **'collaborative working with'** the parent.
 - Research on outcomes has indicated the importance of an **'active management approach'** in terms of setting goals and expectations, and working with a parent to create a safe environment, and provide good quality care

Introducing the issue of the pattern of care - (Page 26)

The pattern of care

Discuss with the parents what they think basic care and attention to needs means. Help them acknowledge that it includes:

- the basic care of their children
- meeting their needs for housing, warmth, clothing and adequate nutrition
- help with their stimulation, development and education
- meeting their health needs
- providing them with boundaries.

Discuss with the parents that these needs change as the child develops, and talk about how their children's needs have changed.

- ### PROVIDING GOOD QUALITY BASIC CARE
- **Providing good quality basic care** on the basis of establishing a profile of the pattern of care and home conditions.
 - **Establishing a clear picture of the pattern of care** over a 24 hour period.
 - Deciding on the **goals to improve the quality of care** initiating a plan of intervention and assessing effectiveness.
 - What Moira and Ian think is adequate basic care and attention to needs
 - Include the basic care of their children
 - Adequate clothing and nutrition
 - Help with stimulation

Establishing Home conditions

11. Home conditions Assessment

(Cox and Bentovim 2000)

	Present	Not present	Priority
Smell – e.g. stale cigarette smoke, rotting food			
Kitchen floor soiled, covered in bits, crumbs, etc.			
Floor covering in any room soiled – e.g. by faeces			
General decorative order poor, obviously in need of attention, badly stained wallpaper, broken windows			
Kitchen sink, draining board, work surfaces or cupboard door not washed for a considerable period of time			
Cooking implements, cutlery, crockery showing ingrained dirt. Items unwashed until			

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Table of concerns and agreed goals

1 of 2

	Concerns as perceived by the parent	Concerns perceived by the practitioner	Agreed strengths	Agreed goals
Getting up				
Washing and dressing and early care				
First meal				
Attending school or preschool				
What happens during the rest of the afternoon (e.g. school, play, play and activities)				
Evening activities				
Space for homework or play				
Alcohol eating				


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Problem solving approach

Practice - Using a **problem solving approach with one of Ward family areas of risk**

Steps

- Is there a problem
- What is the nature of the problem
- What do we want – goal – outcome
- What can we do – brain storm solutions
- Decide which solution to follow



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Intervention guide for practitioners

Hope for Children and Families
Building on strengths overcoming difficulties


Intervention guide for practitioners

Promoting positive parenting

Intervention guide editor: Rosemarie Roberts
Series editors: Arnon Bentovim and Jenny Gray

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Understanding the context: Triggers and consequences




When we are thinking about how to improve or change a child's difficult behaviour it's helpful first to look at and try to understand what might be driving the behaviour and how the consequences or what happened afterwards may be helping that behaviour to be maintained. The 'ABC of behaviour' [PP-3] and 'ABC of behaviour worksheet' [PP-4] can help us do this.⁶

A is for Antecedents (triggers): What was happening before the behaviour occurred?

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Antecedents, Behaviour and Consequences

Most triggers are immediate but on occasions distance triggers exert influence.



Memories (or thoughts) may give rise to particular behaviour. For example, a child may unexpectedly respond with anxiety or aggression if he sees his parents arguing as he is reminded of times when people were upset or hurt.

In a similar way, a child's thoughts about themselves may affect their behaviour. If a child

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Intervention guide for practitioners

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

Promoting attachment, attuned responsiveness and positive emotional relationships




Intervention guide editors: Clare Gates and Jenny Peters
Series editors: Arnon Bentovim and Jenny Gray

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Promoting attachment, attuned responsiveness and positive emotional relationships

Modules:


- Promoting attachment, attuned responsiveness
- younger children
- older children – one on one time
- in adolescence, providing emotional support

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Building secure attachments

The goal of one-on-one time, which is to build a positive history




One of the problems that occurs when there have been difficulties between parents and children is the setting up of a longstanding 'persistent' pattern with futile, unnecessary squabbling. There seems to be a backlog of difficult times and unhappy experiences for both parents and children, and that makes it very difficult to rebuild a more positive interaction. We all of us try to do better, but that is not always effective. Does that fit for you?

What we have found with other parents is that short periods of positive interaction between you and your child on a regular basis of one-on-one time seem to be a way of rebuilding a history of good experiences, which can be 'banked' – positive exchanges now to help with challenging times that may arise later, 'cashing in' on the positive relationship.

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Establishing one on one time

Establishing one-on-one time



To get started, you can either make a regular time together each day or try to find a time when, for example, a younger child seems to be enjoying a play activity alone. Always ask the child what they would like to do together, or if it is not arranged, wait until they are playing in a positive way.

Join in the child's play. Do not try to do it when you are upset or busy or planning to rush off to do something because you will be preoccupied and you will not really be able to give it your full attention.

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Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

Working with children and young people: Addressing emotional and traumatic responses

Intervention guide editor: Tara Weeramanthri
Series editors: Arnon Bentovim and Jenny Gray

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Working collaboratively with children

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Working collaboratively with the child


- Focus - **working collaboratively with the child** questions help the child work things out (**Socratic approach**) rather than giving them advice.
- Supporting the child to come to their own realisations and having their **own "light bulb" moments**. The child as "expert of their experience"
- For each session, the practitioner will **agree an agenda with the child** provides some structure and a framework from which to work from, address obstacles, establish parental support

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Relaxing and calming

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Relaxation exercises



- Explain rationale and benefits of relaxation
- Explain that everyone finds different types of relaxation helpful so you will try some different techniques and they can see what is most helpful to them.
- Safe place-
- Breathing/ muscle tensing and relaxing/ imagery- Evaluate after- what was helpful? What felt different?
- Encourage practise- discuss out to take exercise out of the session.










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Describing and monitoring feelings

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Feelings detective –feeling better

Identifying feeling states

								
Very happy	Happy	OK	Confused	Not happy, not sad, strange feeling	Weird, quite sad, I'm upset, crying, not very happy feeling	I'm angry, annoying, gets on my nerves, mad, upset	Terrified. Worried, upset, not nice, painful	Really unhappy - terrifying, shocked

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Activity selection

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Working with traumatic responses

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73

Traumatic stress

- **Traumatic stress** - traumatic stress undermines core sense of safety and security because of hurt, shock, upset, feeling overwhelmed and unexpected, feelings associated of fear, terror, anger, helplessness, lives under threat,
- **Symptoms**, unwanted thoughts, nightmares of the event or flashbacks, avoiding reminders or over-arousal, irritability, difficulty in sleeping, concentration, on guard and startled
- **Preliminary work** importance of stabilising, supporting child, parents and family before progressing to direct work with the child. Preparatory work provides a context for more focussed work – establishing a trauma narrative.

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74

Countering anxious feelings and thought 'STOP'

- **S** – Stands for **Scared feelings** – the child needs to be helped to identify them
- **T** - Stands for **Thoughts**- help the child to see their thoughts are guesses or predictions which may not be right
- **O** – Stands for **Other** thoughts – children need to be helped to generate other thoughts
- **P**- stands for **Praise** – for challenging their own thoughts

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Discussion of traumatic narrative principles

- Stress that **safety is the main goal** –
- Write/draw a **little at a time**
- Remember **relaxing and self calming**, and **STOP**
- Start with **non traumatic chapter**
- Relation with perpetrator, day before, how developed, and after, recall thoughts fears, **worst moment**,
- Drawings, lifelines,
- **Final chapter**, what's changed
- **Witnessing** and sharing the narrative

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Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

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Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

- This is an important module which can bring together work with parents and children individually to address abusive and neglectful parenting.
- Relieving the child of responsibility, parents taking responsibility and developing an approach for the future which will be safer.

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78

Overview of modules - continued

Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

- Working with parents to acknowledge hurt.
- Clarification processes.
- Working with the child to prepare him for meetings.
- Clarification of family meeting, establishing the ground rules.
- Addressing basic themes in family meeting.
- Exploring children's questions, statements and feedback.
- The future – sharing family experiences.

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79

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83