

Hope for children and families: *An evidence based resource pack for frontline practitioners targeting abusive and neglectful parenting and impairment of children's health and development*

Arnon Bentovim

Introduction

There is a clear overlap between the clients of family intervention teams, and practitioners aiming to prevent the recurrence of the maltreatment and impairment suffered by children and young people. Factors associated with such maltreatment, including parental mental health concerns, parental conflict and alcohol and substance abuse, are often present in families worked with in family intervention services. What is characteristic of both is the limited utilisation of evidence-based approaches to intervention, of which there is no shortage, to target problems of the emotional and behavioural life of children and young people and their families. Chorpita & Daleiden (2009) have identified over 700 well-based interventions, yet they have limited use in practice. 'Treatment as usual' is the approach most commonly used, comprising a mixture of the approaches practitioners have been trained in, supplemented by support and consultation from colleagues. Research on treatment as usual has demonstrated its value, supplemented by making a good working relationship and working with intensity and high expectations. The addition of evidence-based approaches can significantly enhance the impact of a dedicated practitioner. The Hope for Children and Families approach (Bentovim *et al.*, 2013), should be replaced by 'developed by my colleagues and I (see acknowledgements) is aimed at making that difference.

The development of the Hope for Children and Families project

The development of this project is part of a two-year initiative on childhood neglect, funded by the Department for Education and run by Child and Family Training (see our web site <http://www.childandfamilytraining.org.uk>). This project builds on initial work, supported by the department, focusing on developing evidence-based approaches to assessment, analysis, planning interventions and identifying measurable outcomes with children and families to support the assessment framework and required locally-developed 'assessment protocols' (Department for Education, 2013); it includes the development of practice tools and accompanying training that many local authorities have adopted:

- Assessing parenting and the family life of children using the HOME Inventory (Cox *et al.*, 2002) and the Family Pack of Questionnaires and Scales (Cox & Bentovim, 2000)

- 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 'safeguarding assessment and analysis framework' – evidence-based assessment and analysis of risks of future harm to a child and prospects for intervention.

Aim of the Hope for Children and Families project and resource pack

The project includes the development of a manual for practitioners – a resource pack designed for work with children and young people and their parents and carers to prevent abusive and neglectful parenting and the associated impairment of children's health and development. The manual is aimed at all practitioners whose roles are to provide interventions to children and families where there are:

- Concerns a parent may harm or neglect their child
- Evidence of neglectful or abusive parenting before the child's health or development is impaired, or where there is evidence of impairment
- Children or young people presenting with emotional and behavioural problems or other impairments in their health and development as a result of neglectful or abusive parenting.

Who might use the manual?

- Practitioners who would be able to use the approach include:
- Social care, education, probation and health practitioners such as social workers, family support workers, teachers and education support staff, educational psychologists, school nurses, health visitors, CAMHS staff
 - Those working in:
 - Children's and family centres such as those involved in individual, family, group and community outreach work
 - Family intervention teams, multi-agency teams and 'troubled families' focused services
 - Schools and education support services
 - Looked after children services and residential and foster carers

- Youth offending and probation services
- Voluntary, community and independent services.

Underpinning research and the evidence-base informing the development of the project

The approach taken to develop the project follows the model provided by Barth *et al.* (2012) and Chorpita & Daleiden (2009). This argues that there is a commonality of approaches demonstrated to be effective in preventing the recurrence of maltreatment and the associated impairment of children and young people. Chorpita & Daleiden (2009) distilled the common elements across the different evidence-based approaches, and described a common practice-element approach that conceptualises practice in terms of generic components that cut across many distinct specialist treatment-protocols and specific clinical-procedures and processes. Forty-seven distinct practice-elements were distilled from twenty-five random-controlled trials (Bentovim & Eliot, 2013) that successfully modified neglectful and abusive parenting and

the resulting impairments to children and young people's health and development. The outcome research that was examined included:

- Parent/child interaction therapy
- Alternatives for families combining CBT and multi-systemic therapeutic/systemic approaches to modify abusive attitudes and to improve relationships
- Trauma-focused CBT, combining elements to resolve traumatic symptomatology
- Multi-faceted in-home programmes to address neglect (e.g. Project SafeCare USA)
- Approaches to failure-to-thrive
- Promoting healthy parent/child interaction, tackling family conflict and approaches to promoting attachment.

In addition to the common practice-elements approach, there is also a common-factors framework, which asserts that the personal and interpersonal components of intervention (e.g. alliance, client motivation, therapist/helper/practitioner factors) common to



Figure 1. The UK Assessment Framework for Assessment of Children in Need and their Parents

all interventions are responsible, to a significant degree, for the treatment outcomes.

The manual for practitioners

Practice elements are integrated to form modules that provide step-by-step guidance, resources and tools to deliver an evidence-based intervention. The manual provides building blocks and a tool kit for foundation skills in intervention across a wide spectrum of levels of harm and risk of future harm; at various levels of severity and complexity of parenting problems and individual, family and environmental factors; and where there are impairments to children's health and development as a result of abuse and/or neglect:

- Where there may be specific risk of harm to an unborn child – current parental difficulties, previous harm: the aim is to work with parents throughout the pregnancy, birth and early months, fostering attachment and good quality parenting
- Where there is evidence of abusive and neglectful parenting and potential or actual impairment identified by early intervention teams and early help assessments, health service surveillance, in a family centre, as a result of a child protection section-47 enquiry or by other professionals: the aim is to work with parents to modify abusive and neglectful parenting, and to ensure that children's health and development is safeguarded and promoted

- With children where there is evidence of impairment of their health and development and who may display traumatic symptomatology or disruptive behaviour – at home or in alternative care: interventions use modules focused on various impairments, delivered by a variety of workers from social care, CAMHS, fostering and adoption services, youth-offending services or educational services in collaboration with a supportive carer
- Where there are significant problems in individual or family functioning or in relationships with the community, and for use by family intervention teams (or their equivalent) working with multiple problems (including those experienced by parents with physical or mental health or substance-abuse difficulties) to improve family functioning by delivering modules focused on aspects of parenting capacity, family and community relationships and impairment of children's health or development.

Using a development of the assessment framework (Figure 1, previous page), it is possible to see that strengths in parenting capacities reinforced by positive family and environmental factors results in resilient functioning of children.

Whereas, as shown in Figure 2, where there are high levels of parenting difficulties, high levels of individual and family stress,

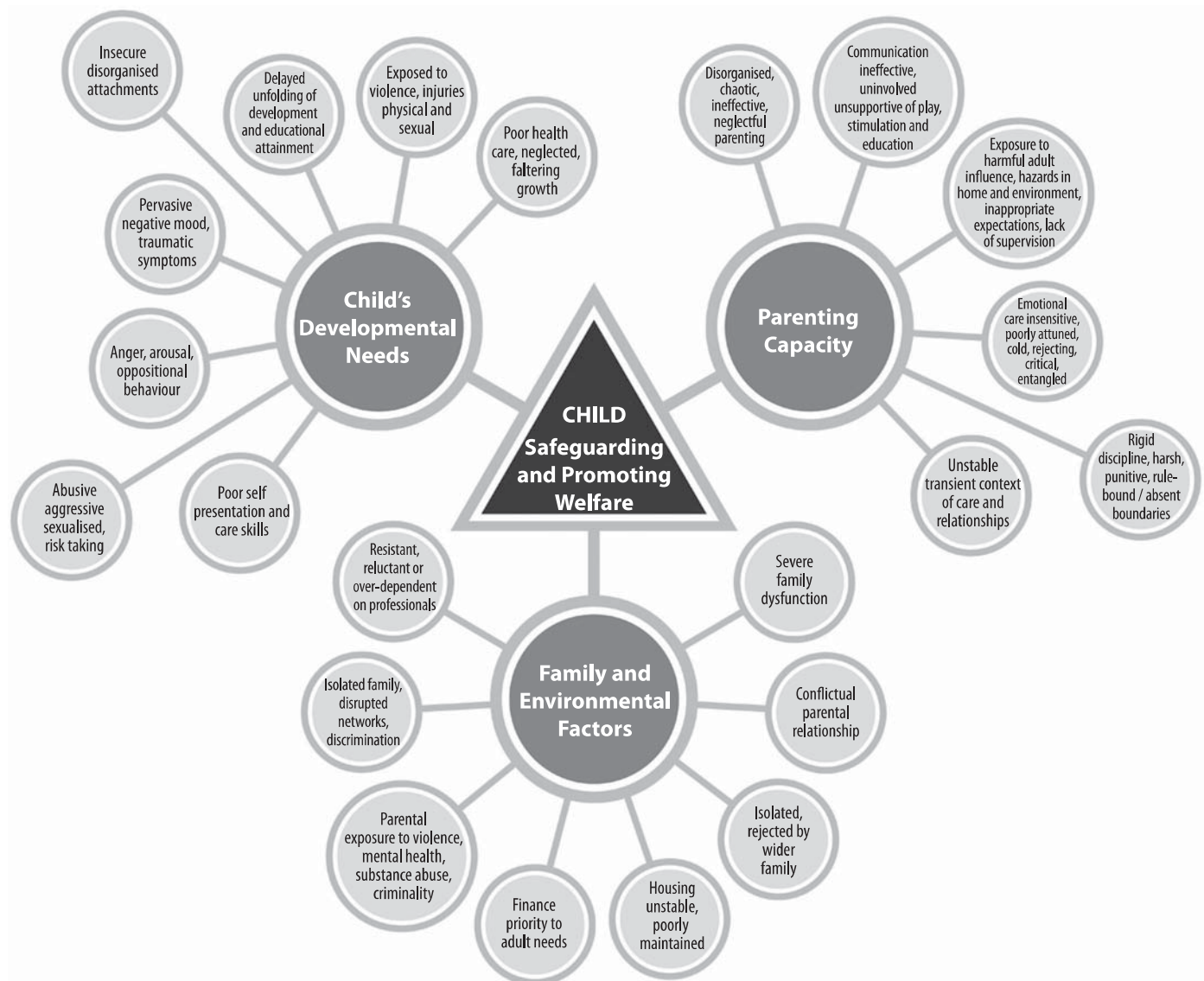


Figure 2. Profile of abusive and neglectful parenting and the associated impairment of children and young people's health and development

there is a higher likelihood of harm to children and impairment of their health and development.

Integrating the practice elements which emerged from the distillation exercise from over 20 evidence-based effective interventions to prevent and target abusive and neglectful parenting, as shown in **Figure 3**, helps to target parenting capacity of the associated aspects of family and environmental factors. This can improve the outcomes for children and young people, and can further reinforce the process of work with parents, family context and children and young people themselves. The integration of practice modules, and fitting them to the changing and evolving needs of children and families, represents a modular systemic intervention.

Forty modules have been developed across five areas and each module comprises information/resources outlining:

- Goals
- A briefing for the practitioner – the step-by-step approach to achieving the goals
- Materials to support the development of therapeutic work (worksheets etc.)
- Tools to assess the success of the intervention for the child
- Guidance on the skills required to deliver the module, and

how the modules can be integrated to form a comprehensive programme of intervention.

We are in the piloting stage of developing ‘Hope for Children and Families.’ A number of agencies are piloting its effectiveness in enhancing the quality of their work and improving outcomes for children: in addition, when there is doubt about the outcome, assessing whether parents can be helped to make significant improvements to their parenting skills, whether individual and family factors can be modified, and whether children and young people are helped to develop coping skills and recover from the anxiety or traumatic response, or externalising angry or sexualised responses.

Modules include the following:

1. Modules to promote engagement and hope

These initial modules introduce the approach to, and promote appropriate engagement with, the family (parents and children), separately and together. The goal is to give a message of hope, to set collaborative agreed goals, identifying targets for eradicating abusive and neglectful parenting, strengths to be built on and how children and young people’s health and development are to

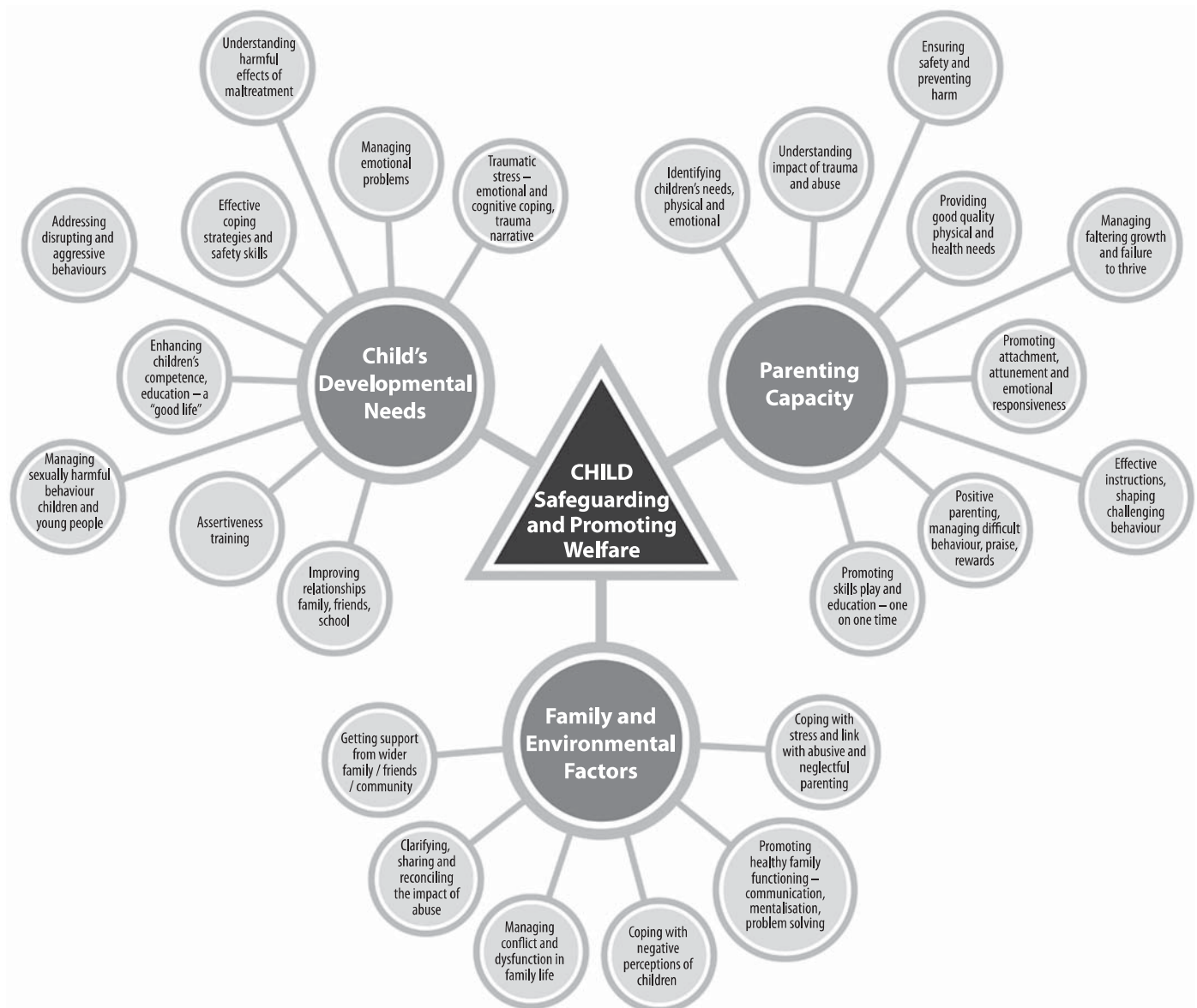


Figure 3. Targeting abusive and neglectful parenting and the associated impairment of children’s health and development

be addressed. Criteria for success and failure need to be defined as well as the consequences. A care, protection and intervention plan for each child needs to be established.

2. Psychoeducation

Psychoeducation with parents and children, both separately and together, helps convey understanding about how abusive and neglectful parenting can influence children and young people's development, psychologically and neurobiologically – their capacity to learn, to develop and regulate emotions and behaviour. Parents and children are encouraged to acknowledge the nature of abuse and neglect their children have experienced. Modules focus on helping parents understand the basic needs of children, society's expectations and what is required of them to promote their development.

3. Modules focused on targeting abusive and neglectful parenting

These modules explore the way stress in parents' lives, current and in the past, have had an impact on their capacity to meet their children's needs, and led them to make negative attributions about children's behaviour, justifying harsh treatments. Approaches are advocated to help manage potentially harmful effects. The development of positive parenting is encouraged, promoting secure attachment attunement and positive emotional responses, problem solving, communication and managing conflict. Neglectful parenting is countered by modules that promote good-quality care, health, positive nutrition and safety through active intervention, modelling and feedback in the home. Parents are encouraged to promote development, play and skills, again through the use of modelling and active intervention. Abusive parenting is targeted by directly tackling conflict cycles, punitive responses and coercive critical parenting. Alternatives are encouraged such as enjoyable one-on-one time and the use of praise and rewards as well as effective discipline, commands and effective instruction and, where appropriate, time out.

4. Modules supporting children, young people and their carers to address adverse emotional outcomes

These modules support practitioners to engage with children and young people, and to assist them to understand the way exposure to abusive and neglectful parenting, that results in significant physical, emotional and sexual abuse, can have an impact on emotional and behavioural functioning and can result in traumatic stress. Basic-skills modules include coping with the impact on their emotional life, being able to be safe, to relax, develop helpful activities, and manage traumatic symptoms and, where appropriate, anxiety and mood difficulties. Support from, and sharing with, a non-abusive carer is essential to targeting the range of responses associated with these impacts.

5. Modules supporting children, young people and carers to address adverse disruptive behaviour

A common response in older children, who may have been exposed to multiple adversities, is the development of disruptive responses that maintain the pattern of abuse and neglect through enactment with siblings and peers. The support of a non-abusive carer is essential to support the practitioner, delivering modules which help young people understand their response to the context of abusive care to which they have been exposed and *"live a good life"*, as an alternative to re-enacting abusive behaviour. Modules help address aggressive behaviour and anger and support the development of empathy, finding a substitute for anger and developing appropriate assertive skills.

Harmful sexual behaviour arises from a number of factors, including exposure to abusive or neglectful parenting. Modules provide intervention for parents/carers and for children, both under and over the age of 12. Steps to understand the difference between 'normal' and 'concerning' sexual behaviour were described as helping understand the origin of sexually harmful responses, being aware of triggers and reinforcers and developing empathic, safe relationship skills.

6. Targeting family and community relationships

Families where there has been abuse or neglect and associated impairment of children's health and development, are often isolated in the community. Communication is often poor and conflict and

family dysfunctional-patterns are persistent and maintain a cycle of abusive and neglectful care. A series of modules addressing these concerns by promoting communication, introducing problem-solving skills and finding alternatives to conflictual and dysfunctional modes of relating; for example, when children find themselves taking on parental functions. Modules assist parents to apologise and take responsibility for harmful actions, freeing children from guilt and responsibility.

The practitioner is encouraged to take a key role in promoting professional and community networks of formal and informal support to strengthen the team around the family.

There are 'flow charts' to support practitioners to integrate modules, and approaches to record and measure change. In the future, it will be essential to develop a relevant training-approach both at general and specific levels, and to assess the value of an approach that brings together so many effective elements of practice.

Figure 4 demonstrates the process that has to be followed, as noted in the upper box, where initially there needs to be assessment and analysis of children's developmental needs, parenting capacity, family and environmental factors.

- This leads to planning interventions and identifying measureable outcomes.
- Engagement and hope, the initial series of modules, engaging parents family and children, promoting hopefulness, goal setting and a discussion of how abusive parenting affects children's development.

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- Targeting abusive and neglectful parenting is achieved by selecting modules focused on providing good quality-care, ensuring safety, emotional responsiveness, a positive learning-environment, positive parenting, and managing disruptive behaviour.
- The associated impairment of children and young people is targeted through generic modules appropriate for all children and young people, and specific modules for significant internalising and externalising behaviour.
- The choice and sequences of modules is dictated by the context – e.g. whether families are together, or whether there has been a separation for protection purposes.

Case history

To illustrate the way the approach can be used, one of the Child and Family Training's family and home assessment video-families will be used as an example. These were based on families we worked with; the roles taken by actors.

The Ward family (Figure 5, overleaf)

Moira Ward and Ian Ross have got together over the last 12 months. This followed Moira's separation from her former partner, Gary Wills, who formed a relationship with one of her friends. She has two children by Bill, a former husband; Laura, aged 14, and Michael, aged 8. The children are not in contact with their father. Ian separated from his

wife, and sees his son on a monthly basis. The family is a white English family, Ian works in the building industry; Moira is currently at home.

The school have referred Michael because of concerns about a recent marked changes in him. He has become anxious, distracted and has difficulty concentrating, is persistently late, has a neglected appearance and is often hungry when he gets to school, whereas, in the previous term, he was bright, cheerful and smartly turned out. Using the HOME Inventory, an initial assessment of parenting revealed significant concerns regarding Michael's experience of care; the emotional climate was one of restrictiveness and punitiveness. Michael stated he had been hit by Ian.

Ian had a very different idea about what was to be expected of the children compared to Moira's laissez-faire attitude. There was now considerable conflict as Moira was attempting to comply with Ian's views. She had moved away from her former home because of stress at the breakup of her former relationship. Michael was seen in a negative light by Ian because of a significant difference between Michael and Ian's own 'sports loving' son, whom he only saw on a monthly basis. There was a significant degree of neglect of care, an absence of appropriate food and clothing, and there were concerns that Michael's weight seemed to be going down and he was expected to fend for himself. The use of a series of questionnaires indicated Michael was really very unhappy. He described himself as feeling lonely in the playground, not able to assert himself, and was bored because he had no-one to play with.

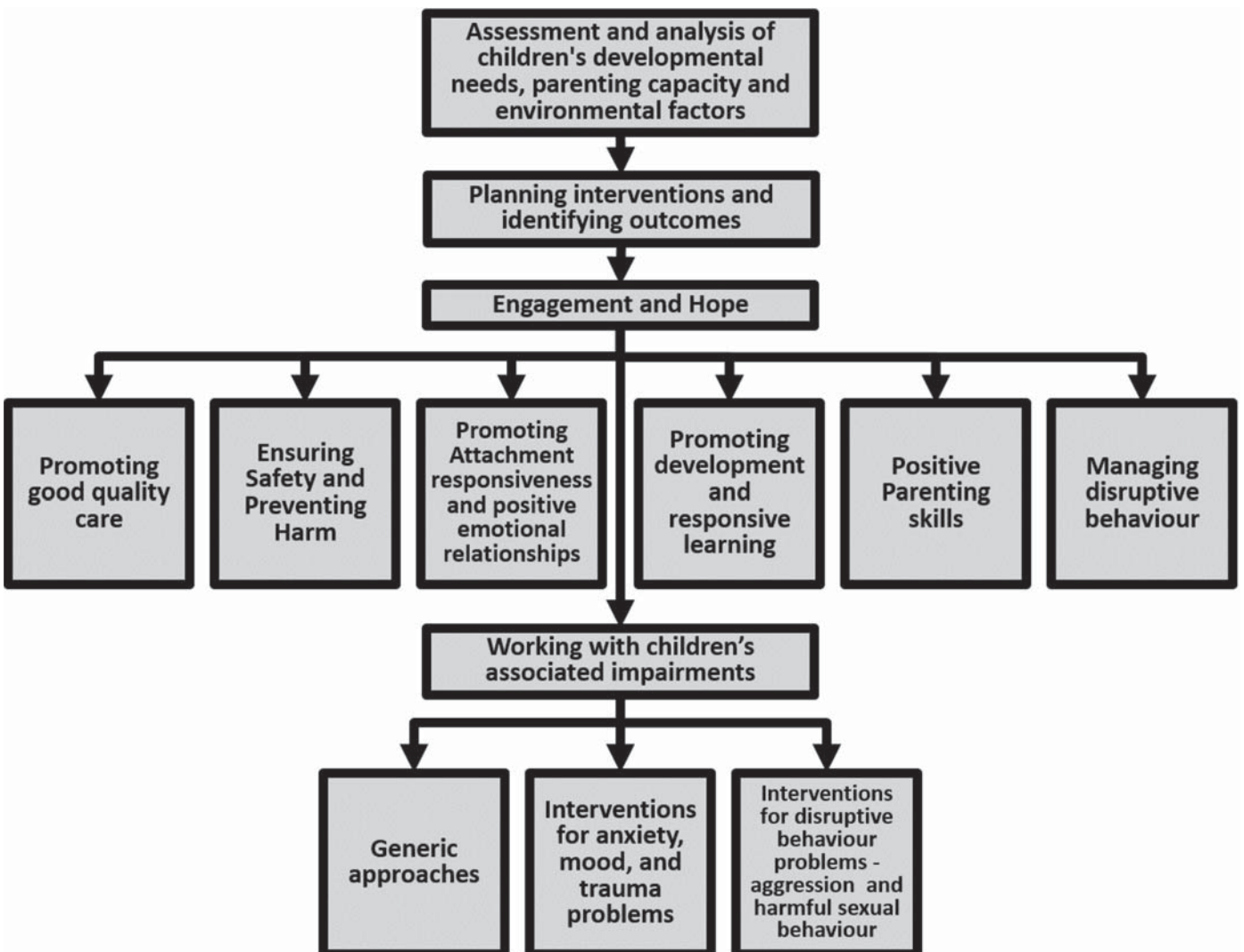


Figure 4. Flow chart

Because of the recent onset of very concerning problems of school attendance, and evidence of neglect, a **family assessment** was carried out, and it was revealed there was a very unhappy climate in the family. Laura, Michael's older sister, clashed a good deal with Ian over the expectations he brought into the family. She also revealed there had been violence between Ian and Moira when both had been drinking heavily. Moira demanded he leave the family. Ian stated he had literally had to beg to return. Laura also revealed that her mother had been drinking heavily as a stress-management device, triggered by having to mediate between Ian's expectations and the children's feelings as articulated forcefully by Laura, and through withdrawal and unhappiness by Michael.

The interview schedule for the family history revealed Moira had a controlling father. She had witnessed violence to her mother, who had died when she was eight years of age, indicating a significant loss of a nurturing figure, and experiencing a rejecting stepmother. She had left school early, had a series of violent relationships and periods of quite heavy drinking. There had been a volatile relationship with the father of Laura and Michael, domestic violence and drinking, again stress related. However, she had, generally, managed to protect the children from her drinking, using extended-family members who could be supportive at those times.

In his family of origin, Ian was the unfavoured sibling. His father was in the army and a strict disciplinarian. Ian often suffered physical punishment following his father's drinking sessions. Ian's previous marriage ended after a violent episode and he

only saw his ten-year-old son from this relationship once a month. He worked well and was a good provider, although there were concerns about misuse of funds through Moira's alcohol consumption.

When Michael was seen alone, he indicated his significant distress at the separation from Gary, mother's former partner, and his extensive fear in relationship to Ian, who had kicked him when he kept missing the ball in football. He had also been hit when a letter had come from school stating he was not attending regularly or on time.

Some weeks later, there was a further incident. Michael was found wandering the streets late at night; Laura had left home after an argument; Michael had bruising on his legs and back where Ian had hit him; Moira was drinking heavily. He was accommodated in a foster home and a protection conference was called.

Systemic analysis

Figure 6 indicates that the systemic analysis of the information shows the predisposing factors in the family – exposure to violence in the family of origin, separation from the family context and loss of paternal figures, and a vulnerability to authoritarian figures. Precipitating trigger-factors and processes were Ian's increasing expectations and demands, and Moira's increasing withdrawal and alcohol misuse. The result was physical harm and bruising, neglect, poor nutrition, poor physical growth, increasing anxiety, distress and withdrawal, depressed affect with a significant impact on education

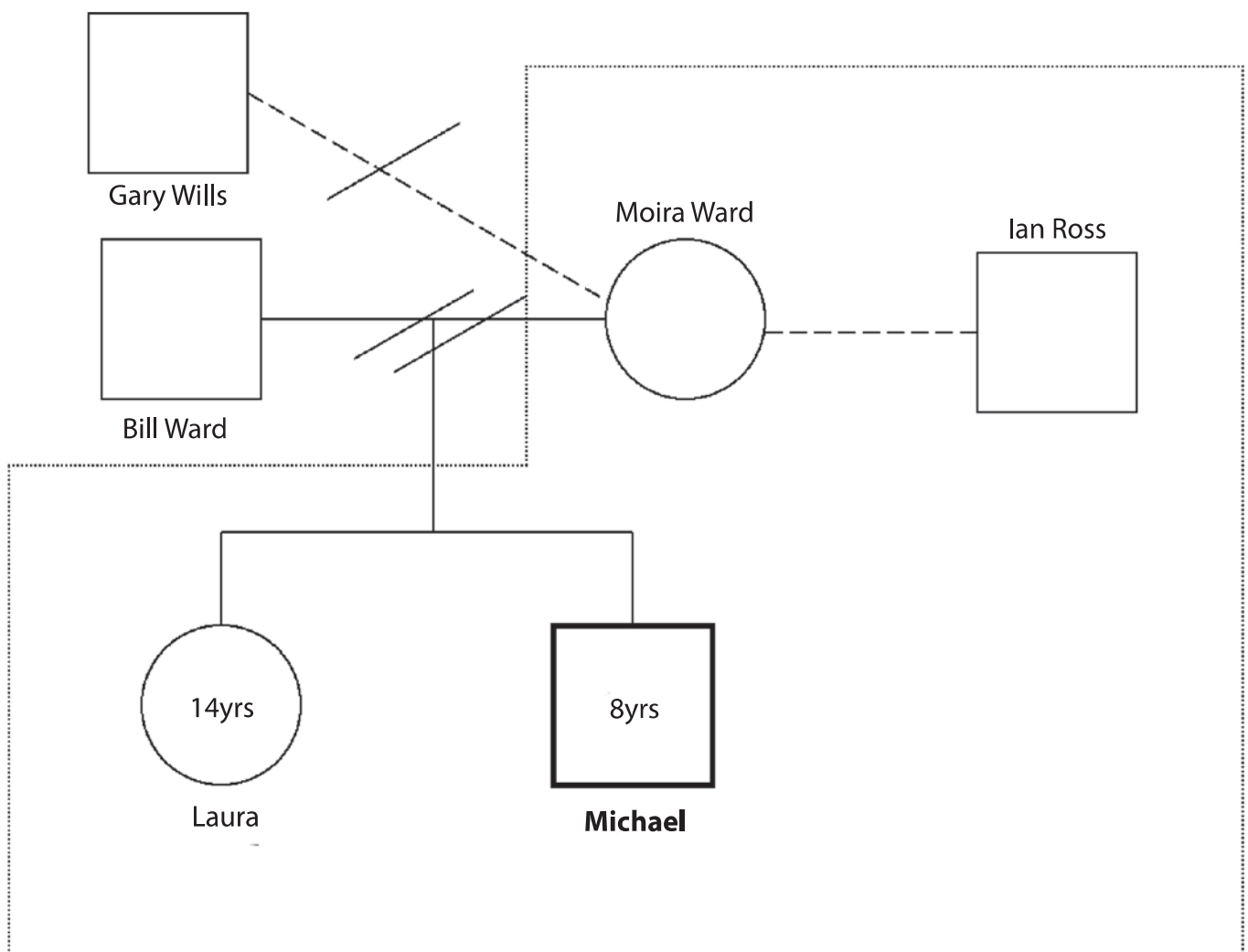


Figure 5. Making a full assessment. Case study: Ward family.

and self-esteem. Further harm, physical abuse and failure to thrive were predicted; an escalating pattern of family violence, increasing alcohol misuse and increasing isolation and family breakdown has been observed.

Harmful maintaining-factors were alcohol-use as a coping mechanism, Laura's opposition and increasing conflict, Ian's withdrawal and Michael's increasingly negative, withdrawn behaviour. Protective factors were a history of better care and, despite alcohol use in the past, children's care being adequate; Laura was supportive through disclosures and Ian is a good earner and the home is well kept.

It was evident this was a context where there was significant risk. The family's attitudes to concerns expressed by professionals indicated there was a degree of doubt about achieving change, uncertainty whether change could be achieved or not within Michael's timeframe. It was uncertain whether Ian could take responsibility for his punitive action, Moira for her neglect and alcohol misuse, and there was uncertainty about the potential for collaborative work. Laura was independent and far more able to protect herself, for example, by going to stay with a friend.

So the questions are:

1. What collaborative goals would need to be established in the engagement phase, considering there is a degree of doubt present?
2. Which modules from the parenting and family areas are most likely to assist the parents and what sequence would be most effective?

3. Which modules from *Working with Children and Young People* would be most effective to assist Laura and Michael?
4. Which measures would help assess the effectiveness of intervention?
5. What is the likelihood of achieving sufficient change within the child's timeframe?

Initial stages of work

1. Engagement and hope

The initial phase is to motivate Moira and Ian to demonstrate they are able to provide better quality-care for Michael and Laura. The practitioner offering to work with the family needs to meet with family and the child protection team, to clarify the nature of concerns, and to establish a supportive approach. The challenges the parents have had to face would need to be recognised – the significant changes in the family over the last 12 months, painful separations, establishing themselves in a new environment, being isolated and affected by stress and withdrawal, with a risk of repeating problems from the past. The aim would be to establish a team around the child that would include the practitioner, foster carers looking after Michael, the family caring for Laura; and to create a protection, care and intervention plan, including a commitment to avoid violence – between parents, or to children.

2. Establishing collaborative goals

Collaborative goals require a commitment from the parents and children to work with the practitioner including the following:

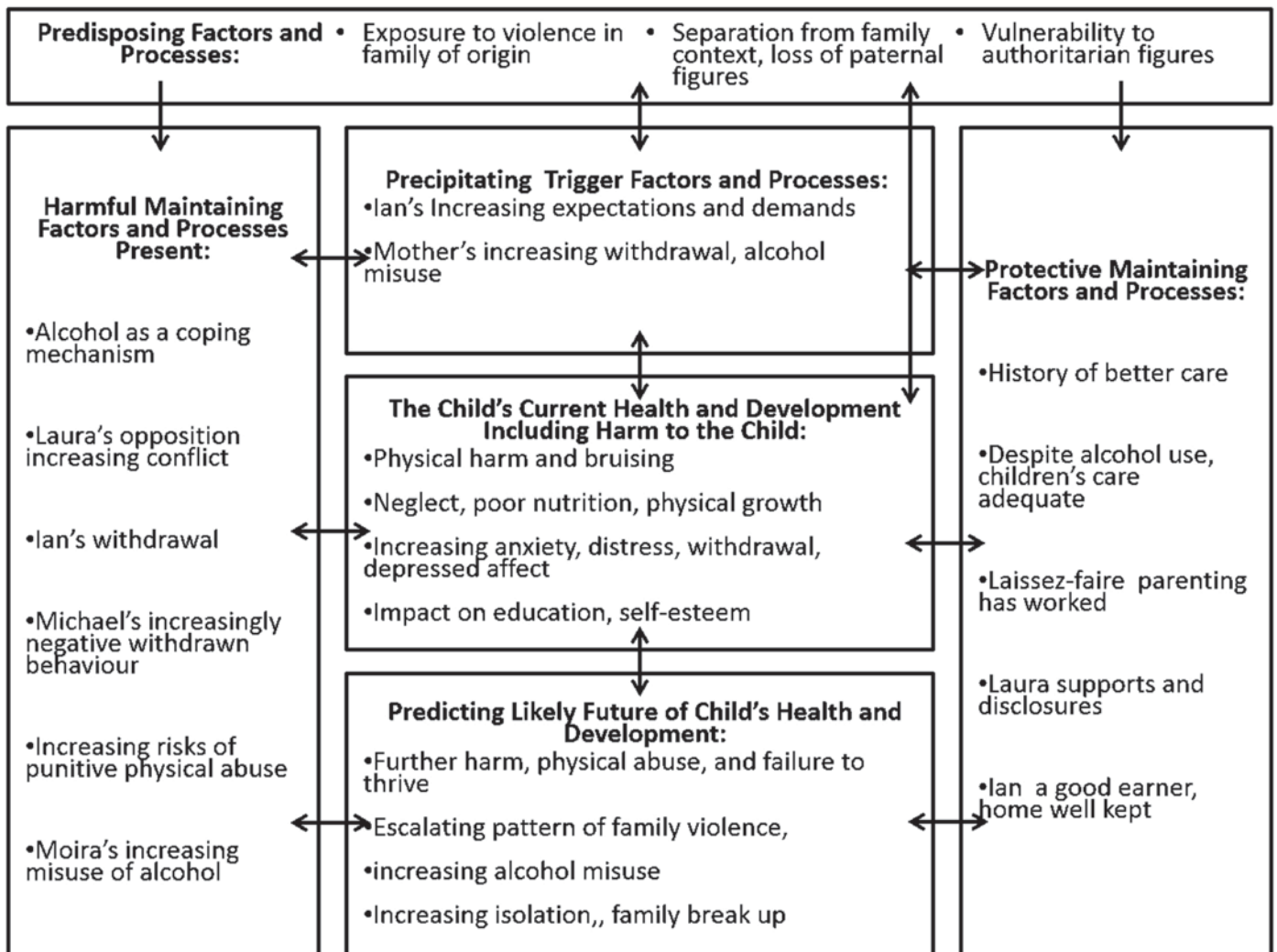


Figure 6. Ward family systemic framework

1. That Michael and Laura would be able to return home safely to Moira and Ian.
2. That the care of the home and the children would be satisfactory, and that concerns, such as growth or failure to attend school or any neglect in the home, would be addressed successfully.
3. That Ian and Moira needed to acknowledge and take responsibility for the extensiveness of harm to the children, the impact of exposure to violence, confused expectations, punitiveness, and to acknowledge and address the harmful role of alcohol.
4. That the team would help Ian and Moira find alternatives to punitive care and other means to cope with stress than to use alcohol, linking with the specialist practitioners for alcohol services to assist Moira in achieving abstinence. At an appropriate time, harmful actions would need to be acknowledged to Michael and Laura.
5. To ensure Michael was protected; that he would be helped cope with the inappropriately punitive responses he had suffered from Ian; to recover from traumatic symptoms and depressed affect; to support his school attendance and help him achieve his potential.
6. To improve emotional responsiveness and relationships with the family and to enable them to function up to their potential rather than the increasing anger and disruption affecting all in different ways.

3. Psychoeducation about the impact of harm

The third module associated with engagement and hope is to provide psychoeducation about the impact of abuse, using a Socratic, reflective and circular-questioning approach. The aim is to help the parents consider the responses of Michael and Laura, and to understand them as a response to the family context of abusive action; to establish which responses the parents had noted, how they explained them and help them understand the impact on immature children and young people and the effect on brain functioning. The parents would need to think about the issue of responsibility for violence, whether Ian had the courage to acknowledge his discipline was punitive and harmful, and Moira's retreat to alcohol-misuse led to increasing neglect. Socratic, and reflective questioning helps the client arrive at more accurate and helpful thoughts, examining the basis of thinking, challenging and using a variety of ways of finding an alternative approach; for example, why Michael was withdrawn, fearful and Laura angry and challenging?

Working with parents targeting abusive and neglectful parenting

1. Providing good-quality basic care

Given that both Michael and Laura are living separately, it is important to begin to work with parents and children separately. Parenting modules include a module which helps parents

develop a capacity to identify and understand children's physical and emotional needs, factors which influence children's development and how children might have been affected; what are the appropriate expectations given Michael and Laura's age and developmental stage using developmental charts and a variety of ways of attempting to help them understand the children's responses. Because of the concern about the quality of care being provided to Michael, it would be essential Moira and Ian be helped to provide better quality of care. This module achieves this goal by establishing a profile of the patterns of care and home conditions, gaining a clear picture of the pattern of care over a 24-hour period, deciding on goals to improve the quality of care, and initiate a plan of intervention and assessing effectiveness.

The process is to help Moira and Ian think about adequate basic care, including adequate clothing, nutritional care, stimulation, promoting development, education, providing adequate boundaries. It is essential to establish what improvements are required, to establish what are the obstacles and hassles to providing adequate care, and establish a collaborative context of better care. An essential obstacle Moira needs to overcome is her use of alcohol as a way of managing stress. The isolation of the family is a further factor and the module on **support networking** may be relevant to create a more supportive community network.

2. Ensuring safety and preventing harm

A second key-area of intervention is to ensure a context of safety and prevent future harm. This module requires a review of harmful events in the home and environment, including exposure to harmful influences relating to Moira's alcohol misuse and Ian's punitive responses, and exposure to violence between the couple. A key to help ensure safety is the module – **Parents coping with stress and the link with abusive and neglectful parenting**. This module considers the way stress can arise and affects parents'

The fact Moira had an absent protective figure, herself, meant she has considerable difficulties in protecting the children against Ian's significant demands

behaviour and capacities to provide good quality care. Factors are examined which play a part in increasing parenting stress, for example, children's temperament: the significant difference between Michael's gentle temperament and Ian's son's physical sporting style. Factors that affect the parent as an adult including personal health and relationships, losses, separations, which of course have played such an important role for both Moira and Ian, conflict between parents about expectations, views of what is appropriate for children. Parental responses to family of origin, stresses both past and present, are important given both Ian and Moira had a past history of punitive paternal figures and exposure to violence and a heavy-drinking culture. The fact Moira had an absent protective figure herself meant she has considerable difficulties in protecting the children against Ian's significant demands. Coping with stress includes seeking assistance from mental health, alcohol-and-substance-misuse practitioners. The module introduces some basic CBT approaches to look at various situations; behaviour and consequences and how to interrupt the

cycle that leads to stress, and introduces relaxation techniques. Closely linked to stress management and abusive parenting is the module **Helping parents cope with negative perceptions of their children**. Ian's perception of the differences between Michael and his son means he becomes angry and punitive at what he perceives to be Michael's failures, expectations of an eight-year-old's independence clash with Moira's more laissez-faire perceptions. These need to be explored using CBT approaches to identify challenging thoughts and practice differences.

3. Working with the children's emotional and traumatic responses

In parallel to the work with parents, which it would be helpful to complete before the return of the children, there are a series of generic modules that are helpful for all children aged six years and upwards who have experienced maltreatment. These include:

- **Psychoeducation on the effects of maltreatment** to help Michael understand the impact of neglect and exposure to conflict between his parents, and help him correct any misattributions or misperceptions that it was his fault, and helping him develop a coherent story of what happened and why, taking him through the process from Moira and Ian's conflict, his mother's drinking, Ian's demands and expectations and his own responses.
- It would be important to help him with **managing personal safety** when there are risks in the environment, particularly when he is going to school, or when playing outside. He needs to develop a plan to ensure he is safe in the present and future and to learn how to follow the safety plan. Given Laura was also going out late, it is important to help her think about the risks she may be taking.
- Modules focusing on **copng skills**, to recognise and manage the difficult emotions in adaptive rather than maladaptive ways, to help manage Michael's withdrawal, his introverted responses and to help him find a repertoire of more-appropriate coping skills.
- **Relaxing and calming** is a helpful module, managing uncomfortable feelings, self-calming and positive imagery.
- **Describing and monitoring feelings** so he can understand factors affecting him and how they can be influenced. A 'feeling thermometer' is helpful, learning the CBT process of thinking, feeling and doing to describe his own and other's feelings. **Activities to manage low mood, assertiveness skills, problem solving and social-skills training** may also be valuable.
- If Michael shows persistent anxiety, mood difficulties or specific traumatic symptoms, modules describe approaches to **anxiety, depressed mood** or such as **trauma-focused work** can be utilised. Work with traumatic symptoms include psychoeducation on traumatic responses, managing feeling states, creating a trauma narrative, stressing that remembering on purpose in a safe environment lowers distress, allowing the trauma to become part of the past. The role of a supportive parental figure is essential to successful completion of such work.

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4. Working with families, clarifying, sharing and reconciling the impact of abusive and neglectful parenting

This is an important module since it is to be hoped, in his work on coping with stress, managing conflict, and looking at alternatives to punitive parenting, Ian may come to recognise his response to Michael. Similarly, Moira may need to appreciate that the impact of alcohol misuse has meant there has been significant neglect and inappropriate expectation. The process of **clarifying, sharing and reconciling the impact of abuse and neglect** is a helpful way of bringing families together to help them forge a new identity and a new future for themselves, maximising their potential. It is helpful for family members to construct a timeline of episodes of abusive and neglectful parenting they would wish to clarify, share and take responsibility for. It would be necessary to work with Michael, Laura, Moira and Ian about their respective experiences, the harmful impacts and developmental consequences being understood. A family meeting for the children, supportive

caretakers and those responsible for abusive action, needs to be convened to take responsibility, to apologise, to answer questions and consider the future. Laura's role in drawing attention to the violence and her mother's drinking would need to be positively connoted. A

broader appropriate discussion of abusive events and traumatic loss may be appropriate for all members of the family, sharing, planning future protection, care and support.

Given the way in which Ian, Moira and Laura get into conflict resulting in Michael's withdrawal, introducing **helpful techniques to manage conflict and dysfunction** provides a helpful approach to deal with difficulties within the family in addition to the individual work on stress responses. There are a series of practice skills necessary to deal with conflict during the work – understanding the feelings of all family members, establishing the importance of listening, hearing, responding, and emphasising the damaging effects of anger, conflict and dismissal. Related to this is a further module on **developing family communication**, which introduces a model for discussing difficult topics and for problem solving.

5. Positive parenting – managing difficult behaviour

Moira's laissez-faire parenting means she has had relatively few problems in managing Michael and Laura. She was able to provide good-enough care in the past when her drinking was more contained. The children's development was fostered well enough. With Ian's very different approach, there has been a good deal of open opposition by Laura, refusal to comply on Michael's part and withdrawal. It would be helpful if Ian was willing to consider a **positive parenting approach to managing difficult behaviour**, rather than use angry, punitive, fierce, threatening responses. Participating in direct-parent interaction work, he and Moira would have to learn the importance of **praise**, the use of **positive attention and ignoring**, giving **effective non-punitive instructions** and the use of rewards in **managing challenging or difficult behaviour**. These approaches rely on promoting parent-child interactions, through role playing, tasks and homework.

6. Promoting attachment, responsiveness and positive emotional relationships

In any 're-constituted family', the issue of managing attachments and emotional relationships can be challenging. In the Ward family there have been extensive disruptions, disorganisation and destabilisation of relationships, separations for both Moira and Ian from their respective partners, for the children from their father, and a partner who provided positive emotional responses. There are risks of Moira's secure bond with the children being undermined, and any possibility of a positive emotional relationship with Ian being frustrated. The module **promoting attachment, responsiveness and positive emotional relationships** reviews the development of attachments, and approaches to promoting attachments in older children. This includes tackling the avoidance and distance between Michael and Ian through a '**one-on-one approach**'. This is an interactive approach that encourages a parent to observe, to learn to comment positively, and be encouraging about a child's activities. This helps boost Michael's self-esteem, and promote the making of an emotional bond.

7. Conclusions – promoting stability and resilience

In working to prevent the recurrence of maltreatment by parents and the associated impairment of children's health and development, it is helpful to have a set of modules available, which can fit with the needs of the family. The construction of the Hope for Children and Families intervention resource pack, including the set of modules and working documents and techniques, will give practitioners ways to meet the often complex needs of parents responsible for abusive and neglectful parenting, and the associated impairment of children and young people. It would be essential to have clear criteria for success or failure, and well-established approaches to measuring what has been achieved. The overall aim is to promote stability in the family, and a variety of approaches to seek alternatives to abuse, or neglect, to transform hopes for a brighter future for children into a resilient reality.

Acknowledgements

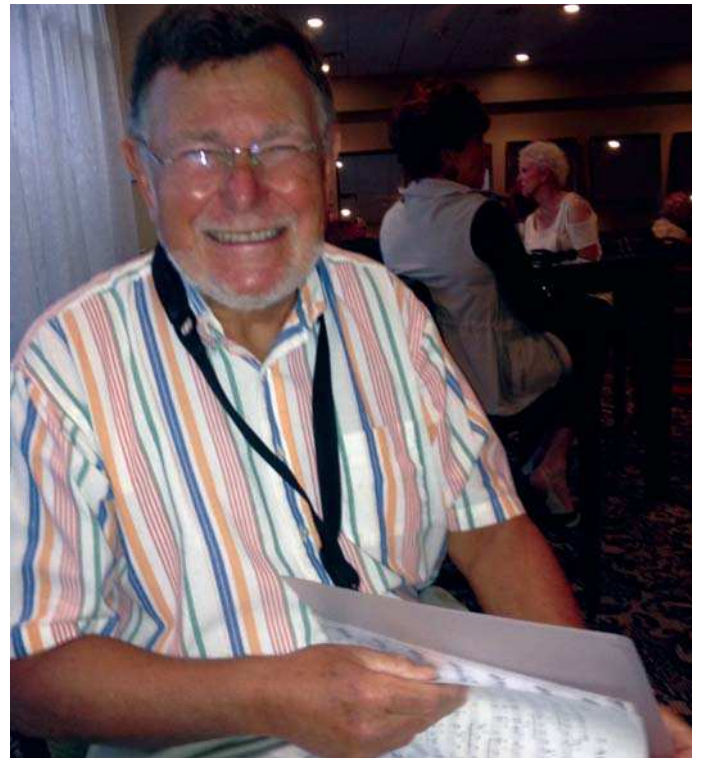
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Arnon qualified as a child and adolescent psychiatrist, and psychoanalyst, and was involved with the early stages of the development of family therapy in the UK. He was a founder member of the Association and Institute of Family Therapy, and was chair of each, and president of the International Family Therapy Association. He practised at the Great Ormond Street Children's Hospital, and the Tavistock Clinic, and was responsible for child protection in the hospital, and developed assessment and intervention services for a wide range of forms of maltreatment. He founded the Child and Family practice with his wife and practice partner Marianne, and Child and Family Training UK with Liza Bingley Miller. He is a visiting professor at Royal Holloway University of London, and has published widely in the family therapy and maltreatment field.

Contact – email – Arnonbentovim@aol.com. Arnonbentovim@childandfamilytraining.org.uk

Child and Family Training is a not for profit organisation working to promote evidence-based assessment, tools, analysis and interventions with children and families.