Enhancing resilience to address the malign impact of toxic stress associated with child maltreatment - the value of a Modular Intervention Tool Kit

Workshop
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Introductions

The aims and objectives of the workshop

- To **Review the research base** for malign impact of toxic stress on children's health and development, to review the effects on neurobiological functioning

- **To review** the failures to address the impact of toxic effectively

- **To introduce the HfCF Intervention Tool Kit,** as a potential approach to address the extensive impact of Toxic stress

Child maltreatment

Maltreatment definitions

- **Child maltreatment** '*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*'.
- Although single forms of maltreatment are described, the reality is that in practice presentations are often complex, cumulative and has long-term impacts on health and development –'Polyvictimisation' 'Adverse Childhood Events'
- **Physical and Sexual abuse** is based on **an inter-twining of emotional abuse and neglect**

Maltreatment definitions

- ***Emotional abuse*** -negative perceptions of a parent, intentional behaviour that conveys 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
- **Failure of neurobiological development, cortical thinning, and general growth failure.**

The impact of early trauma and deprivation on children's health and development

Model to understand the impact of maltreatment against children

▪The *ecological model* is a conceptual approach which identifies the way in which factors such as **personal history** and **characteristics of the victim**, his or her **family,** the immediate **social context** and characteristics of the **larger society,** play a role in the determination of whether a child is more or less likely to be a victim of violence.

▪These constitute *risk* and *protective* factors, and they will also play a role in the *resilience* or *vulnerability* of the child, and in mediating the impact of victimisation on the child's health and development.

The role of stress

1. The core response of victimisation is **stress response**, short or longer term effects, impairment to health and development, includes '**post traumatic stress disorders'**

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. - **promotes resilience**

3. **Extensive victimisation** '**Polvictimisation'** - without social support- '**toxic stress' 'traumatic experiences'** which have long term impacts last well into adult life, risk of mental health and medical disorders early mortality, poorer educational achievements, lower earnings risks of criminal activities.
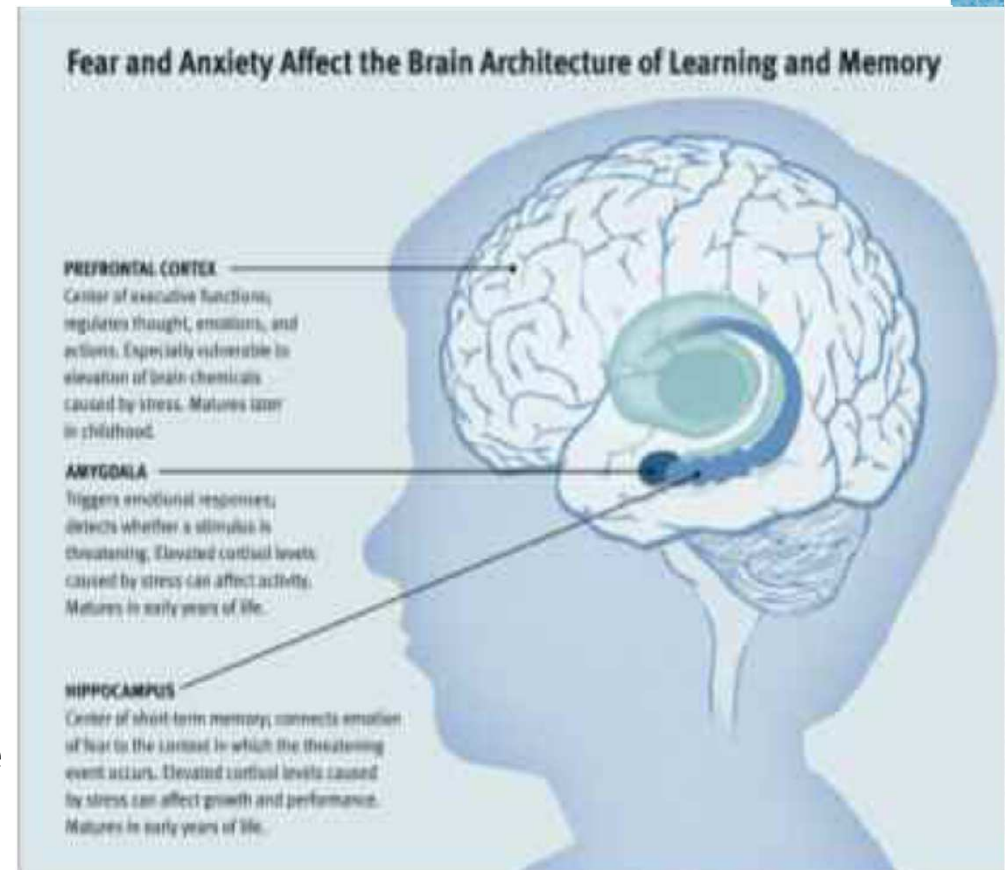
How is toxic stress defined

Extreme, prolonged and unpredictable stress during vulnerable periods of development

Vigorous and chronic activation biological response to stress detrimental impacts health

PTSD symptoms – re-experiencing, avoidance and arousal

Fear and Anxiety Affect the Brain Architecture of Learning and Memory

PREFRONTAL CORTEX
Center of executive functions, regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

AMYGDALA
Triggers emotional responses; detects whether a stimulus is threatening. Elevated cortisol levels caused by stress can affect activity. Matures in early years of life.

HIPPOCAMPUS
Center of short-term memory; connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.

Toxic Stress – how does it affect development

- **The theory linking toxic childhood stress to brain health** a -sequential chain - early life chronic stress disrupts the homeostasis of stress biology systems - inflammation and HPA access hormones – cortisol, - disrupts normal development of brain structure, -observable deficits in tested memory, attention capacities

- **Structural and functional findings** circuitry of the frontal and limbic regions of the brain, includes structures such as a hippocampus, amygdala, striatum, prefrontal cortex, frontal cortex and anterior cingulate. The amygdala involved in fear conditioning and negative emotionality, stress can affect the size.

Latent Vulnerability – McCrory et al 2017

- **Maltreatment and adversity** results in significant changes in brain functioning in the area of social, emotional and cognitive domains

- **Latent Vulnerabilities** are System Responses which are 'beneficial' within a maladaptive context but incur long term costs

- Children are more '**vulnerable' to future stressors** depending on the context. Brain functioning characteristic of those associated with significant mental health disorders.

- **Without social support and protective factors,** in a context of continuing poor care and risk, latent vulnerability predicts significant mental and physical health disorder.

Latent Vulnerability 1

- ***Threat processing*** – the ability to detect and respond to adverse potentially dangerous situations, necessary for survival,

- '***Reward Processing*** – motivation by rewards - liking, wanting and learning.

- ***Emotional regulation*** –Appraise the environmental context and prepare for action, necessary to regulate emotions effectively**.**

- ***Executive control*** capacity to plan, think flexibly, anticipate outcomes, in day to day activities, and achieve long term goals.

Latent Vulnerability 2

- **Emotional regulation** –Appraise the environmental context and prepare for action, necessary to regulate emotions effectively.

- **Overwhelming unsupported emotional contexts**, difficulty managing and processing emotions, lability

- Predicts **PTSD, Depression, substance abuse and conduct problems**

- **Executive control** capacity to plan, think flexibly, anticipate outcomes, in day to day activities, and achieve long term goals.

- **Maltreatment** increased activation, arousal, failure of inhibition, rumination, emotional regulation difficulties, social skills deficits, errors,

- Predicts **PTSD, ADHD, Depression, anxiety, conduct and psychotic responses**

Embedding of latent vulnerability, and differential outcome – McCrory et al 2017
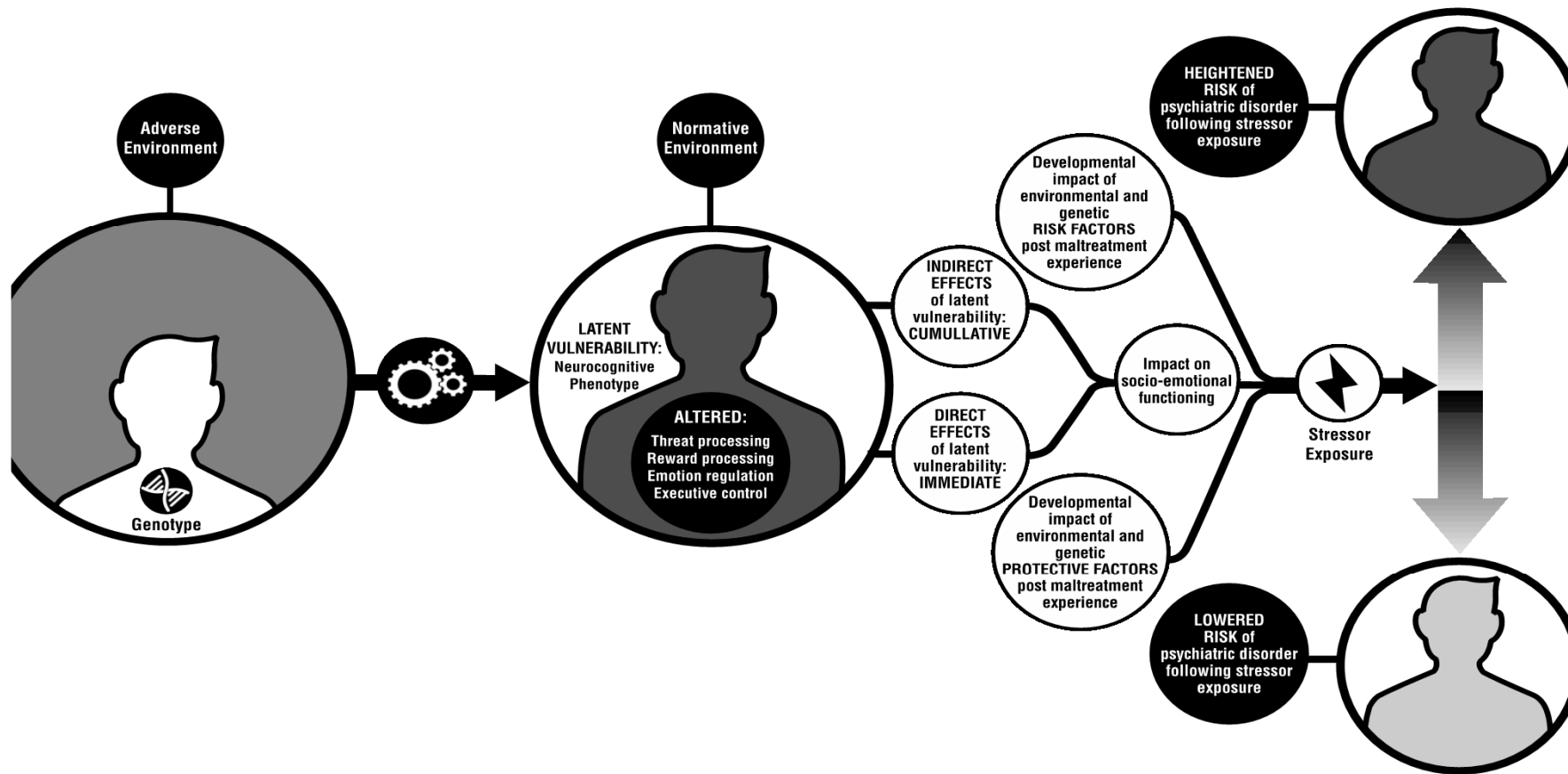
Aim of intervention

- We need to promote *malleability,* functioning

- There is a need for *warm care* with a good capacity for warm caretaking, responsiveness

- To assess *neurobiological responses*, and effective prevention

- Addressing *emotional and traumatic responses* associated with victimisation,

- Building on *strengths* and promoting resilient functioning.

- A *variety* of trauma focused, dynamic, cognitive behavioural and systemic approaches are required .

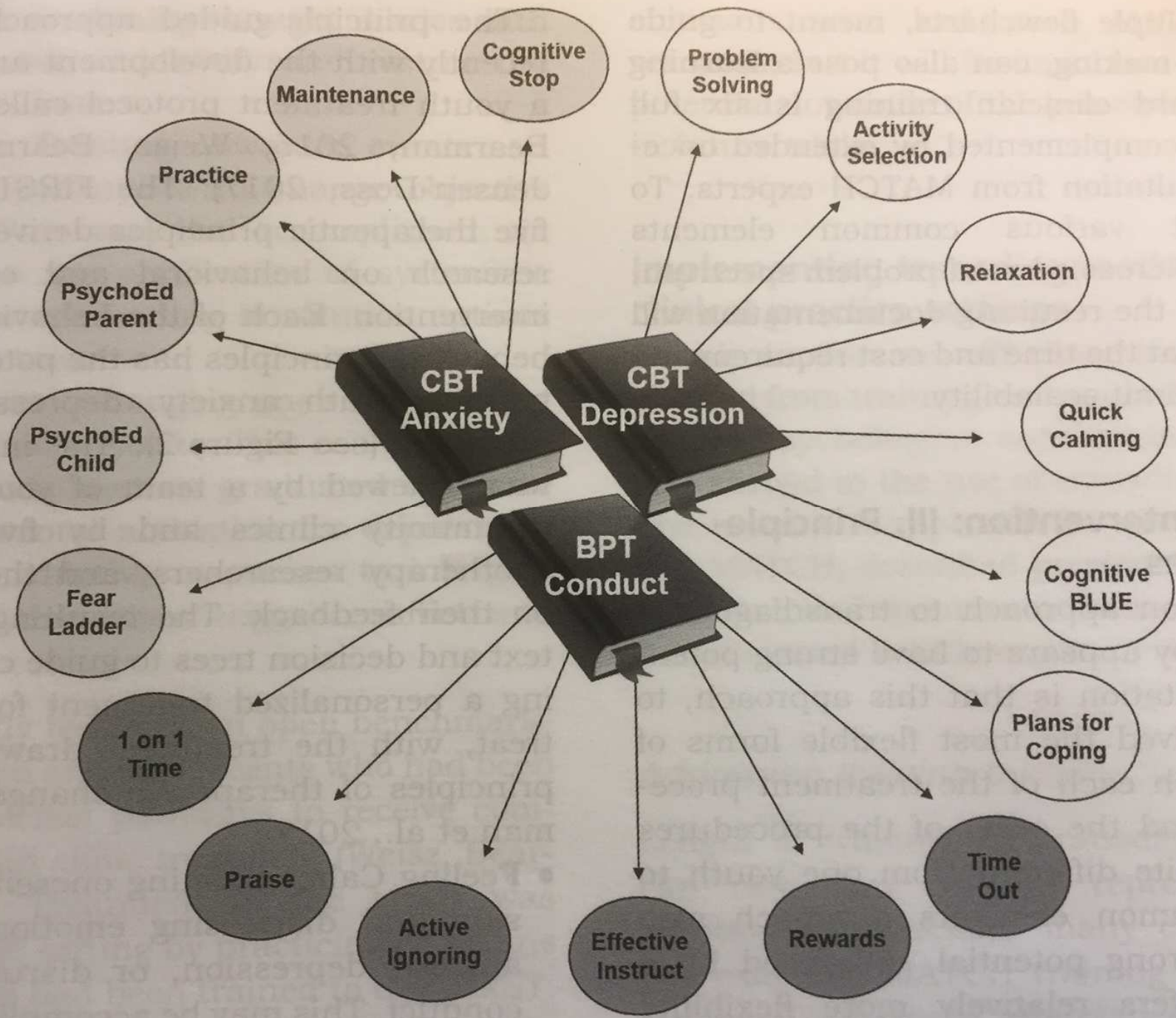# Intervention with child maltreatment

The literature

- Although there is an **extensive literature** of interventions to ameliorate and prevent abusive parenting and the associated impairment of children's health and development, - Macdonald et al (2016) described more than 60

- What is striking is the **limited use of such approaches** (Macdonald et al 2016)

Explanations for limited utilisation of evidenced based approaches

- There is **inconsistent research on outcomes**, single forms studied extensively, complex forms not studied

- There is **little consistency in approach**. The range of effective interventions is extensive – psycho-dynamic, cognitive-behavioural, video-feedback; (MacMillan et al 2009).

- The **range of foci is wide** – individual, parent, and family.

- **Utilising approaches they are familiar** with –eg applying the approaches which address diagnosable mental health needs, -TFCBT - but not Complex co-morbid problems, and Latent vulnerability.

- **Choose between competing effective models,** which require differing levels of skill and training, not surprisingly the approaches are not utilised.

The Solution – utilising modular approaches 1

- Solution is the **application of modular approaches to intervention applied to children and their families when maltreatment has been identified**.

- Modular approaches are based on **Common Practice Elements Framework.** This conceptualises clinical practice in terms of **generic components** which cut across many distinct protocols.

- **Chorpita and Daleiden** (2009) **distilled** the Practice Elements of over 600 evidence based interventions in the child mental health field, developing an approach **(MATCH-ADTC)**

- The practitioner can access modules to fit the needs of the child and family, more effective, and briefer in achieving significant improvement.(Chorpita 2016)

Cognitive Stop

Maintenance

Problem Solving

Activity Selection

Practice

Relaxation

PsychoEd Parent

CBT Anxiety

CBT Depression

PsychoEd Child

Quick Calming

Fear Ladder

BPT Conduct

Cognitive BLUE

1 on 1 Time

Plans for Coping

Praise

Active Ignoring

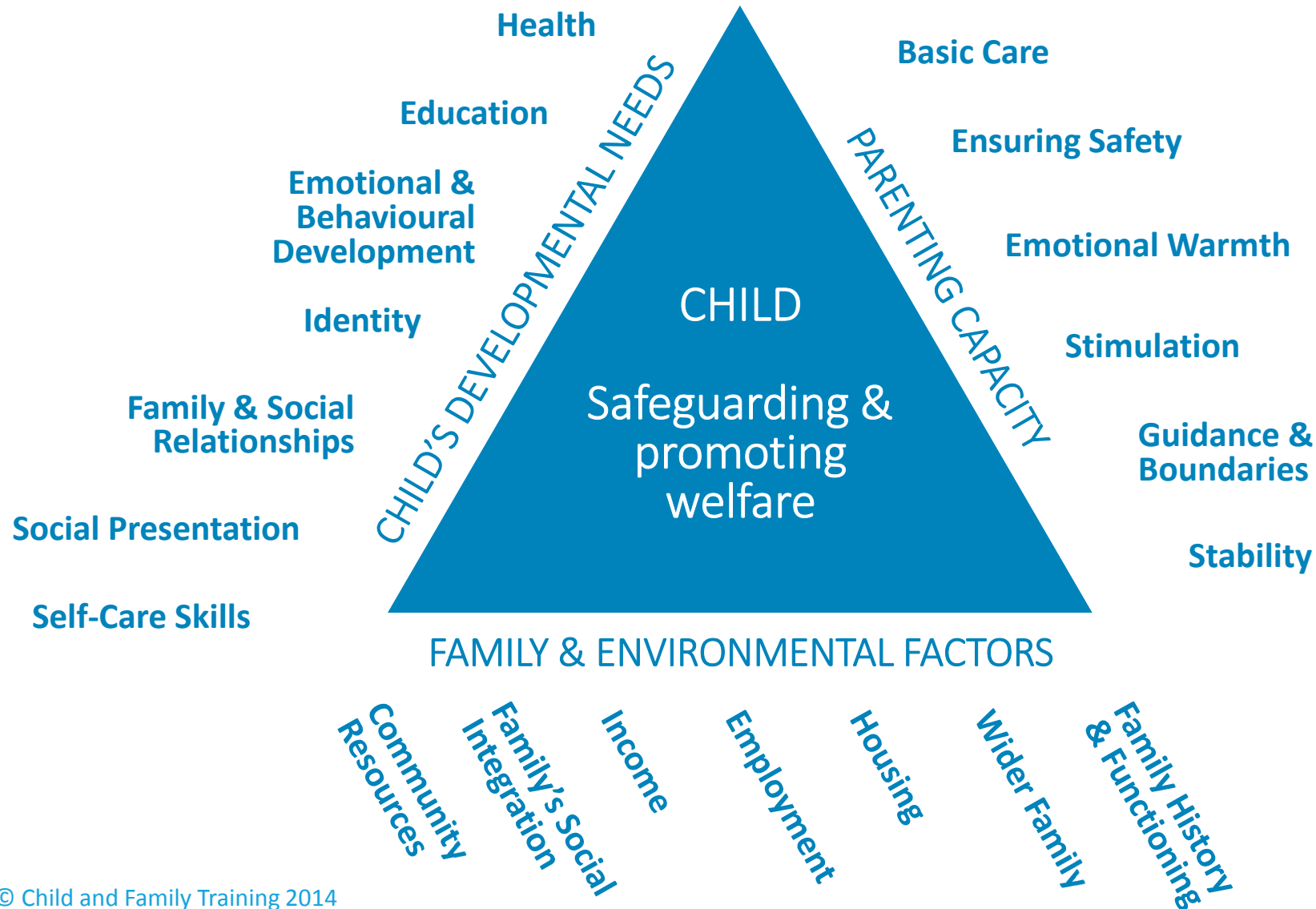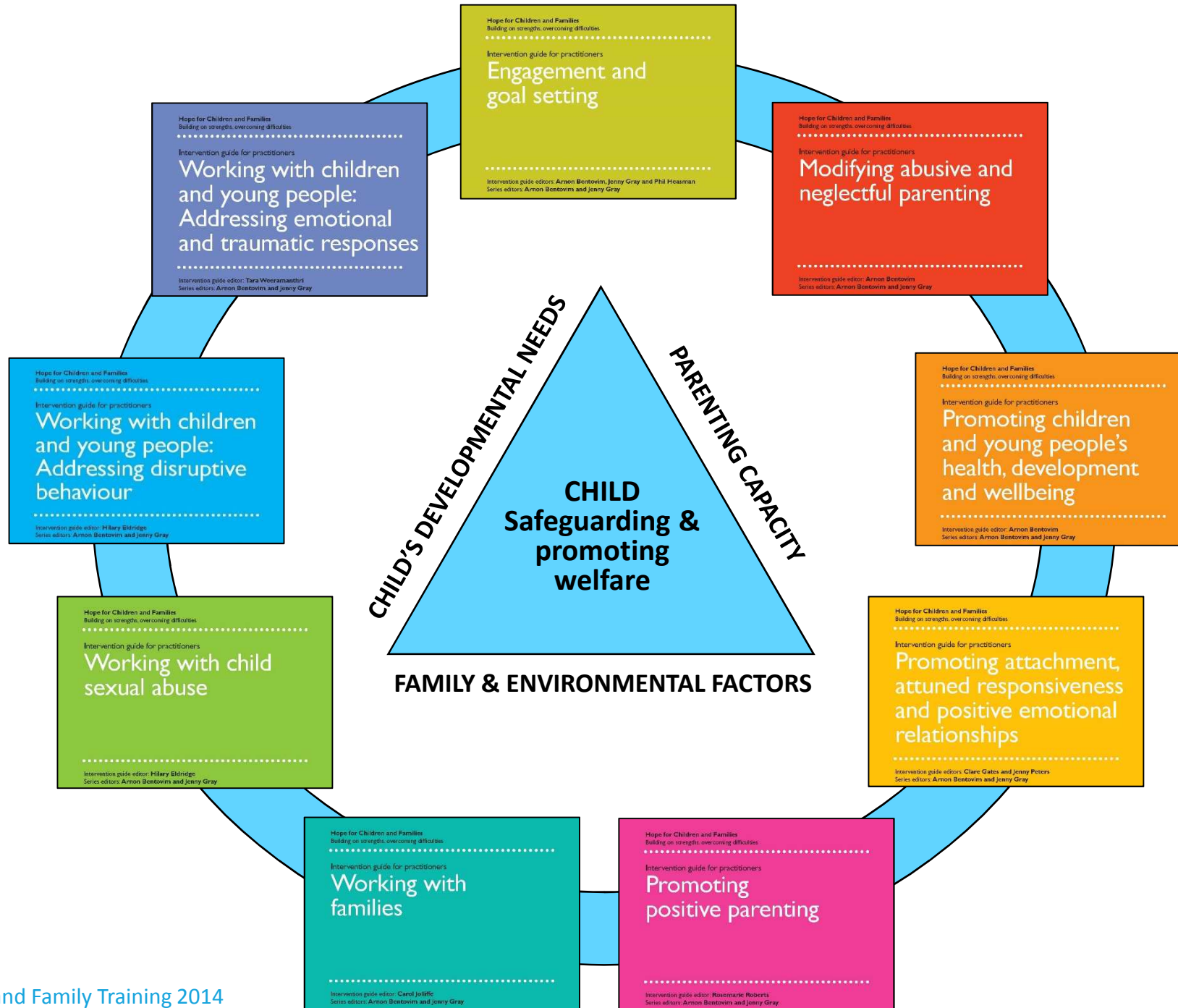Effective Instruct

Rewards

Time Out

The Solution 2

- **A broad review of the literature** on treatment protocols working with the different forms of maltreatment (systemic, cognitive behavioural and dynamic) (Bentovim and Elliott 2014)

- '**Common practice' elements'** that characterise the approach distilled, and the main steps of that practice approach set out with guidance on how to carry them out.

- **Common factors**' were defined such as **promoting an alliance, client motivation, and relationships common to all interventions**, creating a sense of hopefulness and effectiveness

- **The various steps are integrated** into the modules, and in turn the modules are integrated into a tool-kit of intervention guides for practitioners. **(The Hope for Children and Families Intervention resources)** Bentovim and Gray 2016)

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Assessment Framework
A map of relevant data to be collected

Health

Education

Emotional & Behavioural Development

Identity

Family & Social Relationships

Social Presentation

Self-Care Skills

CHILD'S DEVELOPMENTAL NEEDS

Basic Care

Ensuring Safety

Emotional Warmth

Stimulation

Guidance & Boundaries

Stability

PARENTING CAPACITY

CHILD

Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS

Community Resources

Family's Social Integration

Income

Employment

Housing

Wider Family

Family History & Functioning

Engagement and goal setting

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

Intervention guide editors: Arnon Bentovim, Jenny Gray and Phil Heasman
Series editors: Arnon Bentovim and Jenny Gray

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

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

Modifying abusive and neglectful parenting

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Working with children and young people: Addressing disruptive behaviour

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

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

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

Working with child sexual abuse

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

Promoting attachment, attuned responsiveness and positive emotional relationships

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

Working with families

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

Promoting positive parenting

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

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

CHILD'S DEVELOPMENTAL NEEDS

PARENTING CAPACITY

CHILD Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS
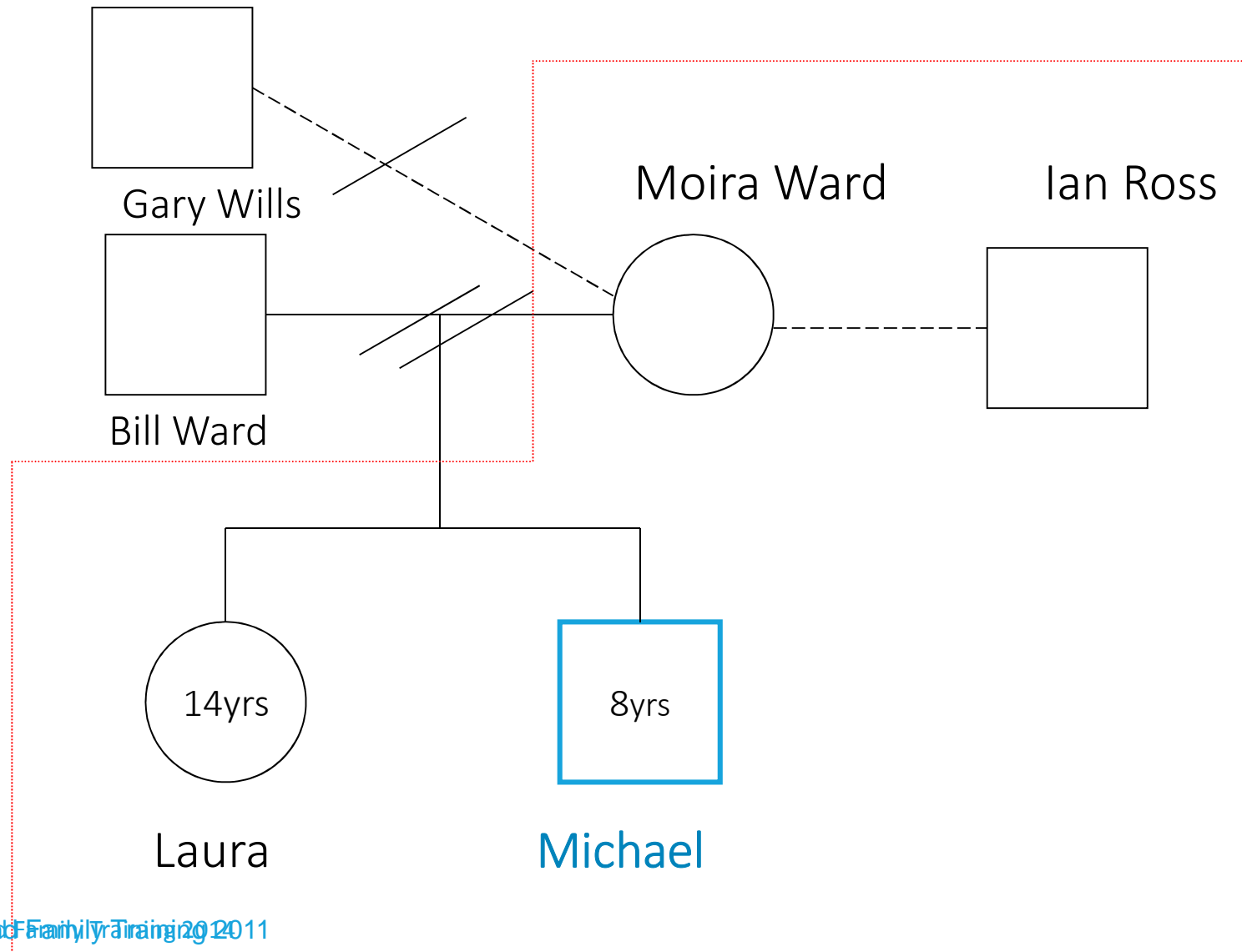
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Solution 3 The Guides

- **Each guide** presents a consistent, step-by-step approach to intervention, bringing together effective practice that can be used by a wide range of practitioners working in different contexts.

- **Appropriate modules** are selected to meet the complex needs of the child and family;

- *Working with children and young people* responding with emotional and traumatic responses; disruptive behaviour; utilising **MATCH-ADTC basic modular approaches -**Chorpita and Daleiden (2009)

- *Modifying abusive and neglectful parenting*, promoting secure attachment, promoting health and development, and positive parenting practices;

- *Working with the family* as a whole to promote positive communication, and counter violence and dysfunctional process

- *Working with sexual abuse*, including working with children and young people displaying sexually harmful behaviour

Case example to illustrate the use of intervention resources – tailoring and personalising

Stage1 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

Stage 2: Making a full assessment Family Assessment - History

- **Moira** – Controlling father, violence to her mother who died when Moira aged 8,

- Significant loss of nurturing figure, step-mother rejecting

- Left school early, series violent relationships, depressed, drinking stress related –

- Volatile relationship with father of Laura and Michael,

- Despite the adversity care of the children was reasonable

- **Ian** – Unfavoured sibling, father strict, punitive, disciplinarian, male orientated culture,

- Relationship with wife ended following violent episode, sees 10yr old son once a month

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Identify strengths and difficulties around the Assessment Framework

Observe a section of the **Family Assessment**,

Describe

- **Strengths** – protective and resilience factors
- **Difficulties** – risk and harm factors reflecting the malign impact of toxic stress
- Observe latent vulnerability

Descriptive Language –

- **Descriptors of strengths and difficulties** –(Handout)
- **Patterns resulting in harmful impacts**

Stage 3 Nature and Level of impairment -

Feed back strengths and difficulties noted in all dimensions, note evidence of responses evoking toxic stress and responses – latent vulnerability

Michael

- Neglect, poor growth,

- Excessive punishment, and exposure to domestic violence

- Limited support of education, poor attendance and progress

- Withdrawal anxious and depressed

- Alienated, isolated and confused

- Attachments undermined

- History of better care despite separations and alcohol misuse

CHILD'S DEVELOPMENTAL NEEDS

PARENTING CAPACITY

CHILD Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS

Parenting

- Disagreements about nature of care

- Poor provision of basic care

- Inappropriate expectations

- Rigid boundaries, inconsistent rules, harshness

- Insensitive, inconsistent attunement, disrupted attachments

- Failure to support education

- Criticism and blame

- Past history of warmth

- Escalating family conflict. Increasing risk of couple conflict

- History of good quality care

- History of exposure to paternal role models, violence to control

- Increasing use of alcohol as coping mechanism,

- Disruption of family relationships, absent family support.

- Good employment, housing

- Avoidance of community agencies

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

Predisposing Factors and Processes:
- Exposure to violence in family of origin
- Separation from family context, loss of paternal figures
- Vulnerability to authoritarian figures

Precipitating Trigger Factors and Processes:
- Ian's Increasing expectations and demands
- Mother's increasing withdrawal, alcohol misuse

Harmful Maintaining Factors and Processes Present:

- Alcohol as a coping mechanism

- Laura's opposition increasing conflict

- Ian's withdrawal

- Michael's increasingly negative withdrawn behaviour

- Increasing risks of punitive physical abuse

- Moira's increasing misuse of alcohol

The Child's Current Health and Development Including Harm to the Child:
- Physical harm and bruising
- Neglect, poor nutrition, physical growth
- Increasing anxiety, distress, withdrawal, depressed affect
- Impact on education, self-esteem

Predicting Likely Future of Child's Health and Development:
- Further harm, physical abuse, and failure to thrive
- Escalating pattern of family violence,
- increasing alcohol misuse
- Increasing isolation,, family break up

Protective Maintaining Factors and Processes:

- History of better care

- Despite alcohol use, children's care adequate

- Laissez-faire parenting has worked

- Laura supports and disclosures

- Ian a good earner, home well kept

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Future outlook for health and development Saaf assessment

Overall prospect for successful intervention.

- Michael has suffered physical, emotional harm,

- Strengths in several areas.

- Laura articulate, clear wanting her mother to stop drinking, and articulates harmful impact of changes in parenting.

- Ian blames Moira and children, does not understand his role.

- Moira acknowledges the family needs help with -

Stage 6: Developing a Plan of Intervention Planning interventions

What would be the Collaborative goals which would need to be established in the engagement phase

Which Modules from the Parenting and Family areas are most likely to assist the parents to reduce the context of threat, lack of rewards, emotional inconsistency, and disorganisation

Which modules from the Working with children and young people would be most effective to assist Laura and Michael recover from the impact of toxic stress

Hope for Children and Families
Building on strengths, overcoming difficulties

Intervention guide for practitioners

Engagement and goal setting

Intervention guide editors: **Arnon Bentovim, Jenny Gray and Phil Heasman**
Series editors: **Arnon Bentovim and Jenny Gray**

Practitioner Guides –Initial Stages

15b. Plan, goals and proposed HfCF resources

Guidance notes:

- Please summarise the key elements of the proposed plan for the child/young person with some indication of specific SMART* goals linked to her/his health, development and well-being – and matched to the **HfCF** material that you anticipate using.
- The elements of the plan are likely to come from your agency's required forms e.g. Early Help Plan as part of a Single Assessment process; Child in Need Plan; Child Protection Plan etc.
- You may well have had a chance to consider and start planning your work as part of the 'Initial Stages' workshop.
- SMART: variations on Specific, Measurable, Achievable, Realistic/Relevant, Time-framed

Date of completion:

Key elements of plan	Specific SMART goals	Matched proposed 'HfCF' resources

- ▪ *modules*:
- ▪ Assessment, analysis, establishing a profile for intervention
- ▪ Engaging families, parents and children:
- ▪ Promoting hopefulness
- ▪ Collaborative goal setting
- ▪ Safety, management plan and no violence

- **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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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

Practitioner guide – addressing emotional and traumatic responses 1

- **Modules –**
  - Developing a child-centred approach
  - Psycho-education about the effects of maltreatment
  - Safety Planning
  - Coping Skills
  - Relaxing and calming
  - Describing and monitoring feelings
  - Activity selection
  - Problem solving

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Ten Things I Can Do to Feel Good!
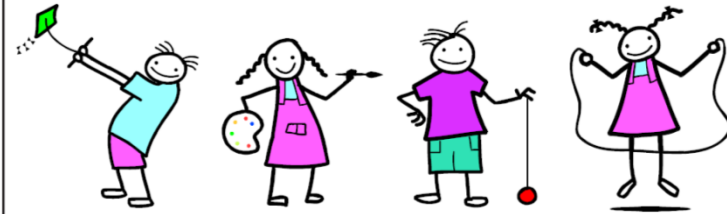
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4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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Practitioner guide – addressing emotional and traumatic responses 2

- **Modules –**
  - Working with anxiety problems
  - Mood problems
  - Trauma problems
  - Maintenance, building resilience
  - Positive relationships with family and friends

Practicing My Positive Self

Pick a person, place, and time to try out your positive self!

The person I picked is: _____

The place I picked is: _____

The time I picked is: _____

Before	After
very good / sort of good / so-so / sort of bad / very bad	very good / sort of good / so-so / sort of bad / very bad
My rating is: _____	My rating is: _____

How My Face and Body Will Look	Did I Do It?		
1.	No	A Little	A Lot
2.	No	A Little	A Lot
How I Will Act and Talk	Did I Do It?		
1.	No	A Little	A Lot
2.	No	A Little	A Lot
Things I Will Say	Did I Do It?		
1.	No	A Little	A Lot
2.	No	A Little	A Lot

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Practitioner guide – working with disruptive behaviour

3.

| Old Life | ← Obstacle → | New Life |
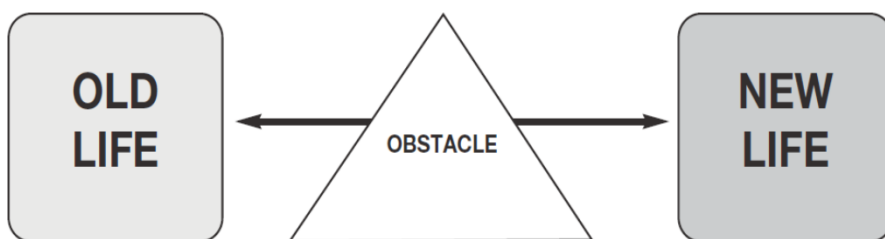
Obstacles	How to overcome them
My aggressive behaviour	• Learn how to manage my anger better • Think about the consequences of my behaviour and how this will stop me reaching my goals for my 'New Life'
Being part of a gang	• Join a football club • Make friends outside of my gang (e.g. at school, at a football club) • Improve my social skills • Use my sense of humour to help me make new friends
Feeling angry	• Talk in my sessions about why I feel angry and get some help on how to feel less angry about my past
Feeling confused	• Talk in my sessions about what happened in my past that makes me feel confused • Ask my Nan to help me understand more about my past

- **Modules**
- Enhancing children's competence: 'the good life'
- Coping with disruptive behaviour
- Assertiveness training
- Positive relationships

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Intervention guide for practitioners

Working with families

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Intervention guide editor: **Carol Jolliffe**
Series editors: **Arnon Bentovim and Jenny Gray**

Working with families

Modules:

- Promoting healthy family functioning
- Managing conflict and dysfunction, including parental conflict and violence
- Support networking for families and the community
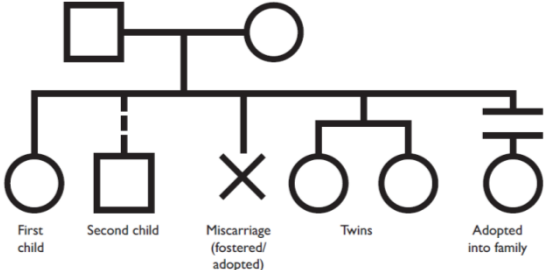
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Promoting healthy functioning, family communication and problem solving skills

- 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 mange 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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Intervention guide for practitioners

Modifying abusive and neglectful parenting

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

Modifying abusive and neglectful parenting

Fear and Anxiety Affect the Brain Architecture of Learning and Memory

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HIPPOCAMPUS
Center of short-term memory, connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.

Modules:
- Psycho-education - How abuse affects children's development, what helps
- Modifying parental stress - a key factor in abusive parenting
- Modifying negative perceptions
- Reconciling and clarifying the impact of abuse and neglect

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.

Helping parents cope with negative perceptions of their children

The module considers:

▪The consequences of being in a stressful situation, Ian's perception of the differences between Michael and his son -separation.

▪Parents leaking to children how they are feeling,deserving punishments.

▪The consequences of thoughts, feelings and behaviour.

▪Identifying challenging thoughts, practicing and reporting back.

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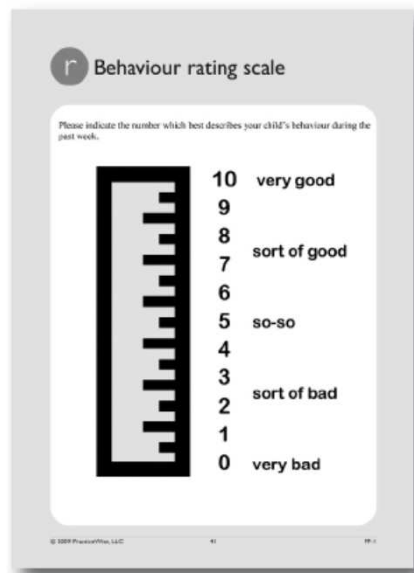
Intervention guide for practitioners

Promoting positive parenting

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

Promoting Positive parenting: Guidance and boundaries

Behaviour rating scale

Please indicate the number which best describes your child's behaviour during the past week.

10 very good
9
8
7   sort of good
6
5   so-so
4
3   sort of bad
2
1
0   very bad

Modules:

- Praise
- Attention and ignoring
- Giving effective instructions
- Rewards
- Shaping challenging behaviour
- Modifying disruptive behaviour

Questions and discussions