Treatment of complex maltreatment and associated complex developmental trauma: Utilising an evidence-based modular approach

1 -Introduction

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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
- **Focus**: Assessment, planning, analysis, intervention and measuring outcomes of work with children and families

TREATMENT OF COMPLEX MALTREATMENT AND RELATED COMPLEX DEVELOPMENTAL TRAUMA

UTILISING AN EVIDENCE BASED MODULAR APPROACH

Goals of the workshop

To:

- present evidence on **complex maltreatment, poly-victimisation/multi-part maltreatment**
- review the limitations of current interventions for maltreatment **for complex maltreatment** and introduce **Hope for Children and Families Intervention Resources:** a multi-focal, trauma-informed modular approach working with families where children have been maltreated
- Illustrate with a video case how a **flexible modular approach to intervention** can be tailored to fit the complex profiles of maltreated children, young people and their families.

Part 1 – background

Definitions of abuse and neglect

Single and multiple forms of maltreatment

Intervention

Abuse and neglect – basic processes

- ***Physical and sexual abuse*** is associated with an inter-twining with 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.**

Poly-victimisation – multi-part maltreatment

An important issue as violence does not occur in a single type

Poly-victimisation/ multi-part maltreatment Finkelhor *et al*. 2007

- **Finkelhor and colleagues** (2007) confronting the reality of children's experiences of maltreatment. A National Survey of Children - aged 2 to 17 years
- 15% low rates of victimisation, 78% moderate, 7% reported more than 7 different forms of victimisation
- ***Poly-victimisation* 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 poly-victimisation**, and resulting interpersonal violence and bullying triggered around the age of 14 years.

Multi-part maltreatment

Herrenkohl and Herrenkohl's subsequent review (2009) of **children's experiences of multiple maltreatment types** revealed a rate of poly-victimisation between 33-94% in different studies.

Witt *et al*. (2016) attempted to establish if there were **profiles of maltreatment.** In their study multiple types of maltreatment were reported by 84% of young people who had been maltreated. They identified three distinct profiles:

- **Multi-type maltreatment excluding sexual abuse** (63.1%). There were peaks of physical abuse and exposure to domestic violence
- **Multi-types maltreatment including sexual abuse** (26.5%). Again, there were peaks in physical and sexual abuse, and exposure to violence
- **Experience of predominantly sexual abuse** and sexual abuse with penetration (10.3%).

Presence of 20 ACEs in identified child maltreatment (Garcia *et al.* 2017; Greeson 2016)

Incidence of 20 ACEs 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 forms 11%**

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.

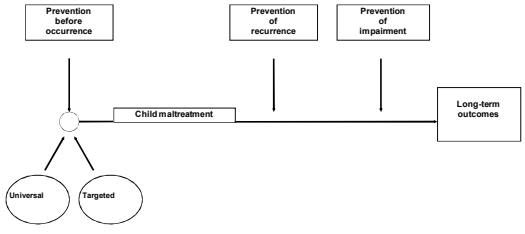
Many children who have been maltreated develop **psychiatric and medical disorders** at significantly higher rates than non-victimised children.

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

Framework for intervention



From: MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. Lancet 2009;373:250-266.

Interventions when maltreatment has occurred

Cochrane review of interventions

Objectives:

- What interventions are effective, for which children, with what maltreatment profiles, in what circumstances?
- When two or more interventions might be appropriate, which is most likely to be effective?
- Which interventions are of no benefit or may result in harm?
- Which interventions are most accessible and acceptable to carers, children and young people?
- What do we know about the economic benefits of interventions, and the potential value of undertaking future research?

Source: Macdonald *et al*., 2016

UK: NICE guideline on child abuse and neglect

Fifteen manuals recommended:

- **Enhanced Triple P programme, Department of Health's Healthy Families model** and **Parents under Pressure** for Early Help contexts
- **Attachment-based interventions – e.g. Attachment and Biobehavioural Catch-Up, and child-parent psychotherapy** for physical, emotional abuse or neglect of children under 5
- **SafeCare**, **parent-child interaction therapy** for physical, emotional abuse or neglect for children up to the age of 12
- **Multi-systemic therapy for child and abuse (MST – CAN)** for adolescents aged 10 to 17
- **Trauma-focused cognitive behavioural therapy**, **Individual psychoanalytic therapy**, **group psychotherapeutic and psychoeducational sessions** for sexual abuse where there is evidence of anxiety, sexualised behaviour or PTSD symptoms
- The **KEEP approach** (Chamberlain *et al.*, 2008**)** based on the Oregan parenting programme is to be considered for foster carers caring for abused and neglected children

Source: NICE, 2018.

Strengths and limitations

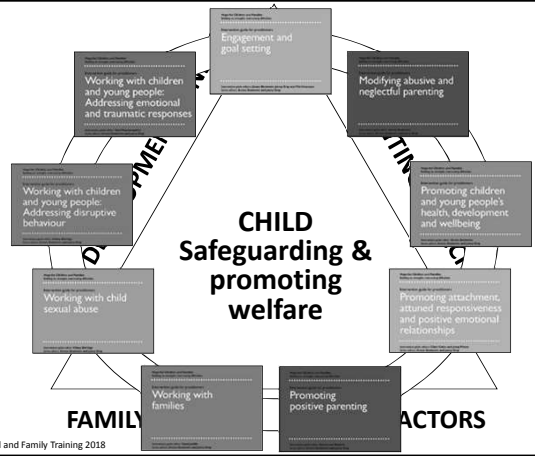
- **Well evidenced approaches:** helpful to services for 0-5 early-years, Looked after Children, and sexually abused children and adolescents
- ***'Most children experience more than one form of maltreatment, and there is growing recognition of the need to better take into account children's profiles of maltreatment in order to improve policy and practice.'*** *(*Macdonald *et al., 2016)*
- **How to 'navigate' among the different approaches** – Psychodynamic, Cognitive Behavioural, and Systemic – to meet the complex needs of the child and family.
- **Implementation** a considerable challenge to planners and commissioners of services, practitioners and their managers need training and supervision in the different approaches
- Much of the **research on the manuals' effectiveness** is U.S. based on single forms of maltreatment; Multi-part maltreatment is not included

A Solution – modular approach (Marchette & Weisz, 2017; 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 and Weisz, 2017, p. 271)*
- ***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.

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.



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.

Part 2: Introduction to practice

Introduction to stages of work

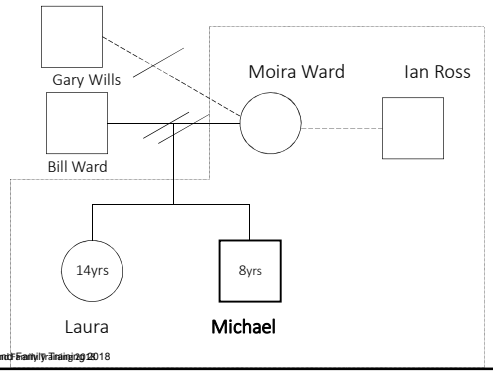
Observation of a video case

Establishing a profile of intervention

Choosing modules to establish an intervention programme

The stages of work

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



Stages 1 and 2: Making a full assessment Case Study: 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.

Seven stages in Assessment, Analysis and Planning Interventions

cf. Bentovim et al. (2014)

- Stage 1: initial recognition and referring
- **Stage 2:** gathering information
- Stage 3: organising the information available
- Stage 4: analysing patterns of harm and protection
- Stage 5: child protection decision-making
- Stage 6: developing a plan of intervention
- Stage 7: identifying outcomes and measures for intervention

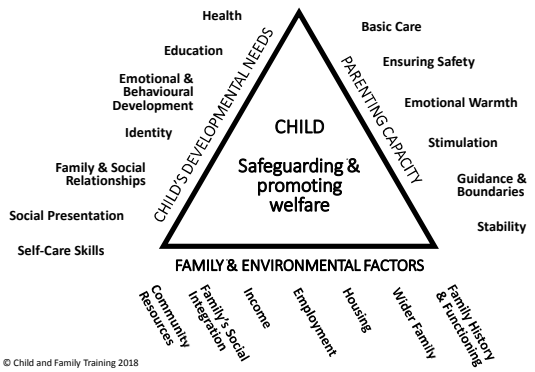
Identify multi-part maltreatment, strengths and difficulties around the Assessment Framework

Observation tasks:

- Observe a section of the **Family Assessment** and the **Home Assessment**
- **Describe multi-part maltreatment observed**
- **Strengths** – protective and resilience factors
- **Difficulties** – risk and harm factors
- **Descriptive Language**
- **Descriptors of strengths and difficulties** (Handout)
- **Patterns resulting in harmful impacts**

Assessment Framework

A map of relevant data to be collected



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Observation task

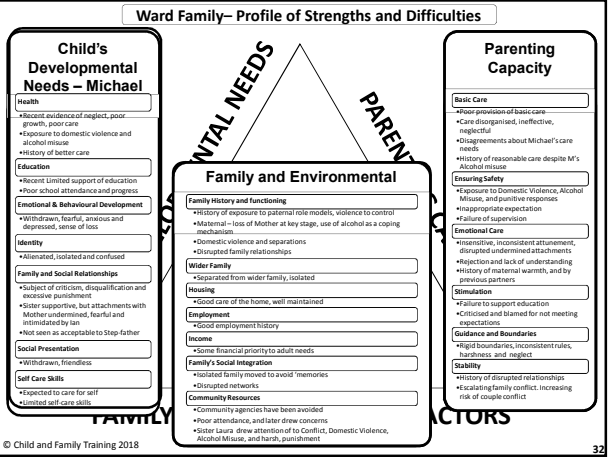
- **2 Video clips of the Ward family – from the HOME assessment of parenting and the Family Assessment, use the diagrams to note strengths and difficulties**

Feed Back

- What different forms of maltreatment and adverse childhood experiences are observed

The Ward Family profile of strengths and difficulties

Ward Family– Profile of Strengths and Difficulties



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
- Michael had bruising on his legs and back where he said Ian had hit him
- Moira, his mother, was drinking more heavily.

Michael was accommodated/received into care by the local authority and a Child Protection Conference was initiated

Stage 4: Safeguarding Analysis Principles underlying analysis (Angold *et al.*, 1995)

In analysing the categorised information consideration should be given to:

- **Processes** – the pattern of influences

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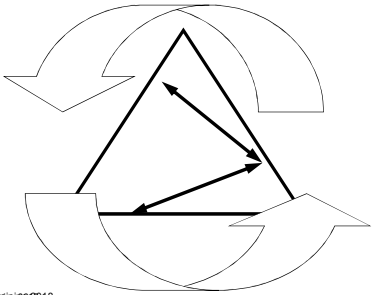
- **Impact** – the weight/effect of factors/processes

Task - Which processes and impact seem relevant – take into account the next 2 slides on circular and linear processes

Stage 4: Safeguarding Analysis Principles underlying analysis

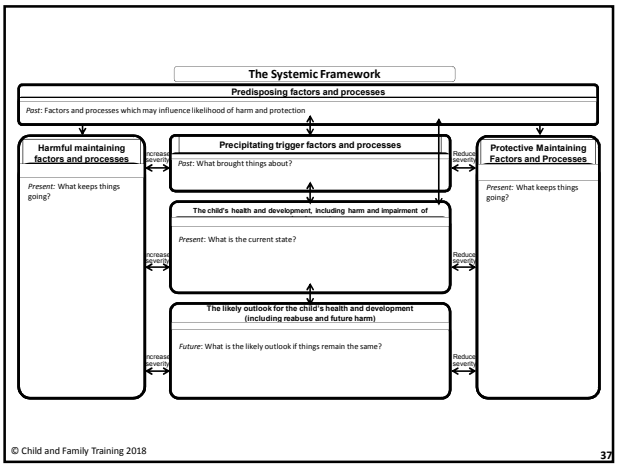
Linear or circular processes:

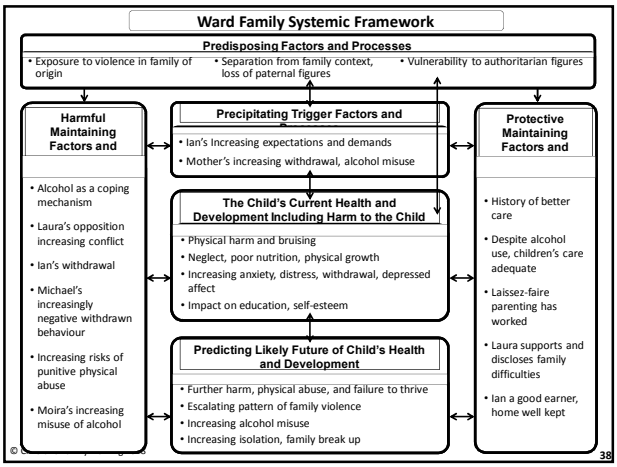


Stage 5: Likelihood of future harm and prospects for change

Analysis of likelihood of future harm if family situation remains unchanged

- A systemic framework which looks at pre-disposing, precipitating, protective and risk factors





Stage 5: Likelihood of future harm and prospects for change

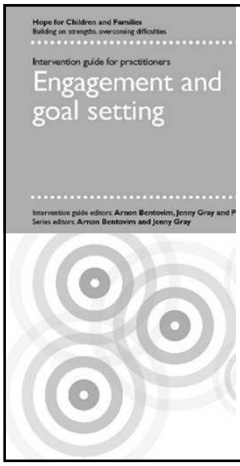
Analysis of likelihood of future harm if family situation remains unchanged

- How child centred are the parents in terms of awareness of the child's impairment, and the role of parenting, individual and family factors – motivation to change, and potential to change – modifiability
- **Task: what would make the Ward family situation hopeful, doubtful or a poor prognosis**

Future outlook for health and development, SAAF assessment

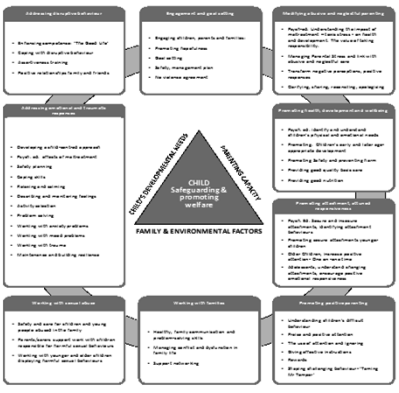
Overall prospect for successful intervention:

- Michael has suffered physical abuse and emotional harm
- Strengths in several areas
- Laura is 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.



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

Discussion task



Goal Setting

Establishing collaborative goals. Children, parents, family, child protection agency and practitioner's goals, and reflections on them
Integrate and agree a list of collaborative goals
A management plan on how the practitioner working with children, parents and others will address these
A family no-force agreement - physical force, emotional tone, criticising, humiliating or rejecting.
Safety planning, a child protection plan, liaison, contact arrangement
Prioritise goals for family members, timescales, criteria for success, and failure, and the consequences
A solution focused approach goals closest to being achieved, what contributed to success

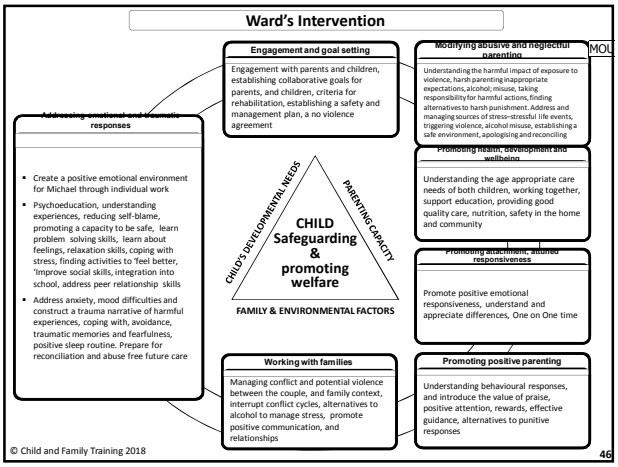
Stages 6 and 7: Developing an intervention approach, defining outcomes

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.

A family no-force agreement - physical force, emotional tone, criticising, humiliating or rejecting.

- We ask all families to agree to a very important goal: to try their best not to use the sort of physical force or emotional tone – criticising, humiliating or rejecting – which can have such a negative effect on the children. Everyone has to cooperate with the agreement. We ask all families to do so. New techniques of parenting take time and children's negative responses take time to change. We want to give other approaches a chance to become stronger.
- There will be times when you get angry with one of the children, their behaviour is out of line, and you feel they need to be criticised or smacked. You may feel like turning your back on your children or ignoring them. We need to have the opportunity to talk about those times because we may be able to come up with some different solutions.



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Discussion

Feed Back!!

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