

What research tells us about what works when intervening in the lives of children

Eradicating child maltreatment

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Introduction

- The aim of this presentation is to review the literature of approaches to **prevent the recurrence of maltreatment and the associated impairment of children's health and development**
- The context of this review is the overall aim of the **'Eradication of Maltreatment'** – a target introduced on the 50th Anniversary of Henry Kempe's seminal paper the battered child syndrome
- This is expressed in the relevance of taking a linked **'Public Health Children's rights approach'** – see Bentovim and Gray 2015
- I will also introduce our **'Hope for children and families approach'** – an intervention resource, which we will be presenting in detail later in the conference

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The case for prevention

- THE CASE FOR PREVENTION**
- Mikton and Butchart (WHO 2009) child maltreatment (CM) prevention is poised to become a global health priority due to 4 main factors:
 - Retrospective and prospective studies:** strong, long-lasting functions on brain architecture, psychological functioning, mental health, health risk behaviours and social functioning, life expectancy and healthcare costs
 - Effects on human capital formation:** the workforce and ultimately social and economic development now becoming better understood
 - A truly global phenomenon** that occurs in lower middle income countries at higher rates than in wealthier countries
 - Treating** and later trying to remedy the effects of child maltreatment are both less effective and more costly than preventing it in the first place.

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The scale of the problem (Woodman and Gilbert 2015)

- 27% of UK population** families suffer 2 or more hardships – mental health – depression, alcohol, substance abuse, financial stress, overcrowding
- 2% of families** have 5 or more indicators of disadvantage, no member in work, poor quality housing, over-crowding, mental health, disability, poor financial state, can't afford food, clothing,
- 10% of children** suffer abuse and neglect
- 0.4%** subject to a child protection plan
- This can be extrapolated to other countries with less social support

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The scale of the problem – (Woodman and Gilbert in Bentovim and Gray 2015)

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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.

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Elements of a public health approach From: Woodman and Gilbert

- In a public health approach, attempts to shift the parenting curve rely on **universal and upstream interventions** to address the major risk factors for harmful parent-child interaction
- Parents' own life course and capacity**, neighbourhood risk factors (such as deprivation, violence and access to good schools and other services) and societal risk factors (e.g.: poverty and socio-economic inequalities);
- Alongside up-stream and universal interventions, a public health approach can deliver **targeted interventions to prevent maltreatment where need, risk of maltreatment, and/or propensity to benefit is highest** and to families where maltreatment is occurring in order to reduce recurrence and adverse consequences

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The focus of a public health approach

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Primary prevention – promoting secure attachment

- Early mother-infant interaction is a bio-behavioural system
- Primary caregiver needs to gauge baby's emotion accurately and respond sensitively
- Babies cannot regulate their own level of arousal and therefore need caregiver to do this for them

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“Human babies are born with the expectation of having stress managed for them. They tend to have low levels of cortisol for the first few months as long as caring adults maintain their equilibrium through touch, stroking, feeding and rocking. But their immature systems are also very unstable and reactive; they can be plunged into very high cortisol levels if there is no one responding to them. Babies cannot manage their own cortisol”

Sue Gerhardt, *Why Love Matters*, 2004

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Effects of maltreatment in early infancy and childhood (Barlow 2015)

- Up to 80% of children who are abused during the first few years of life have **‘disorganised’ attachment**
- A ‘lack of an organised strategy for relating to a caregiver odd behaviors (for example, repeated incomplete approaches to the parents, stalling, failing to seek contact when very distressed) **reflect fear and confusion** on the part of the infant’ (Main and Solomon 1986).
- Disorganised attachment is associated with **developmental psychopathology** (Green and Goldwyn 2002),
- Non-compliance**, negativistic, impulsive behaviour, high dependence on teachers, nervous signs, self-abusive behavior and other problems (Egeland, Sroufe and Erickson 1983)

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- Secure children fear danger
- Avoidant children fear closeness
- Anxious children fear separation
- Disorganised children fear their caregiver

“Fear without a Solution” Cassidy and Mohr

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The importance of promoting secure attachments as a preventative strategy- universal and targeted

Prevention of physical abuse and neglect - targeted

- **Nurse Family Partnership** - Olds et al 2007
- **Early Start Programme** - Fergusson et al 2005
- **Minding the baby** - Slade and Sadler 2005
- **Watch Wait and Wonder** - Cohen et al 1999
- **Parents under Pressure/ OXPUP** - Barlow 2015
- **Video feed back approaches** – eg Mellow Parenting

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Significant practice elements in early intervention preventative approaches (1)

- **Nurse Family Partnership** relies on nurses building a trusting relationship with vulnerable young mothers first pregnancies and other family members, promoting sensitive empathic care and a secure attachment
- Reviews mothers own child-rearing histories and helps them to decide how they want to parent their own children
- **Early Start** - Social learning approach - Assessment of family needs and resources, fosters positive partnerships, collaborative problem solving, support, advice, mentoring, mobilising family strengths and resources

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Significant practice elements in early intervention approaches (2)

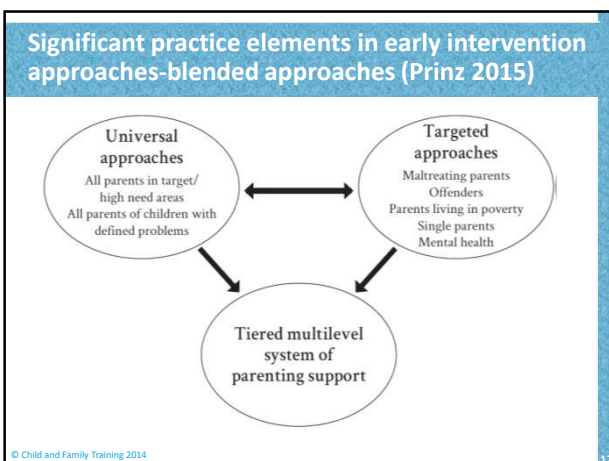
- **Minding the Baby** – nurses and social workers carry out visits alternative weeks to address different aspects of the growing relationship that can be addressed
- **Wait, watch and wonder** - Supports mothers to follow infant’s spontaneous activity in a free play format, enhancing parental sensitivity and responsiveness – helps regulate infants emotional state and promotes attachment relationships
- **PUP** includes a module to help parents reflect on their relational experiences, ‘mindful play’, observe, describe and participate
- **Video feed back methods** - e.g. group sessions observing videos of interactions with their own infants

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A focus on parenting (Prinz 2015)

- **Problematic parenting** really operates on a continuum more inclusive than official abuse and thus has a broader adverse impact on child development.
- The **improvement of parenting** in the community, which includes prevention of child maltreatment, is the important over-arching goal.
- **Decreasing the prevalence of child maltreatment** ultimately contributes to the fundamental goal of raising the level of child well-being for many or all of our children,
- We need to adopt **intervention content that has broad appeal** and avoids compartmentalising support for parents. Along this line, there is a need to create efficiencies by addressing multiple goals through parenting family intervention,

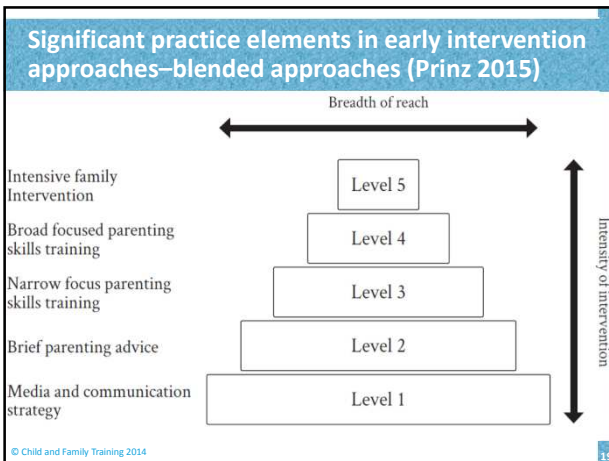
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➤ Triple P aims (Prinz 2015)

- **Triple P programming** draws on many parenting strategies, with 17 of these grouped into 4 clusters:
 - **promoting a positive relationship**
 - **teaching new skills and behaviour**
 - **encouraging desirable behaviour, and**
 - **managing misbehaviour.**
- **Triple P** aims to help parents reduce reliance on the common practices that are counter-productive, such as yelling, spanking, humiliating, criticising in harsh language and disregarding unsafe situations and inflicting pain and distress.

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Results – the only population wide prevention research

- The Triple P counties (in a US State) **showed lower rates of child out of home placements** compared with control counties after accounting for baseline.
- Similarly, the Triple P counties showed **lower rates of hospital-treated child maltreatment injuries** compared with control counties after accounting for baseline levels.
- The growth of **substantiated maltreatment cases was significantly slowed** in the Triple P counties compared with the control counties comfort.

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Evidence based approaches to prevent the recurrence of maltreatment and the associated impairment of children’s health and development

- **Triple P is a powerful model** – and has been demonstrated to be effective
- Can we include other **well supported approaches** to prevent the recurrence of maltreatment and associated impairment? (MacMillan et al 2009)
- There are a set of **well supported approaches** as we will demonstrate
- But there are **obstacles to integrate** them into a programme of intervention which could be adopted in the way Prinz demonstrated in the Triple P approach

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Obstacles to applying EB research to intervention (1)

- **The range of effective interventions is extensive** – psychodynamic, cognitive behavioural, video feed back
- **The range of foci is wide** – individual, parent, and family
- **Different approaches** incorporate effective elements of other interventions, for example, trauma-focused interventions
- **Similar models** are applied to differing forms of maltreatment successfully; and
- There is **inconsistent research on outcomes**, some forms of abuse being studied more extensively.

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Obstacles to applying EB research to intervention (2)

- The practitioner has to **choose between competing effective models**, which require differing levels of skill and training.
- For a practitioner to be **competent at working across the maltreatment field** would require many years of complex training.
- Inevitably practitioners **choose one approach**, and this may limit the capacity of practitioners and agencies to meet the needs of families who may well have complex maltreatment patterns (Kolko, Iselin and Gully 2011).

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A solution

- To confront this issue Barth et al. (2011) based on the work of Chorpita and Daleiden (2009) advocated the value of a **Common Practice Elements Framework** in the child welfare field. This conceptualises clinical practice in terms of generic components which cut across many distinct treatment protocols, identifying specific clinical procedures common to evidence-based practices
- The **Common Factor Framework** (Duncan et al 2010) is a complement to the common elements approach. This asserts that the personal and interpersonal components of intervention (for example, alliance, client motivation and therapist factors) common to all interventions are responsible for treatment outcomes to a significant extent.

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Research procedure (Bentovim and Elliott 2012)

- We collaborated with Chorpita to apply the approach to recognised research to prevent the recurrence of maltreatment and associated impairment
- The specific forms of neglectful and abusive parenting and associated impairments to be addressed include **physical abuse, sexual abuse, neglect and emotional abuse including exposure to violence**
- The approach followed was to apply the **distillation approach** (Chorpita and Deleiden 2009) to RCTs which have proven effective to prevent the recurrence of the various forms of maltreatment, and which address the associated impairment of health and development.

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Physical abuse

- **Alternatives to Family Approaches** (Kolko 1996; Kolko et al 2009). This evaluates a broad-based cognitive behaviour therapy/family therapy approach which is delivered via a series of modules and has demonstrated its value both in the clinic and the community
- **Parent/child interaction therapy** (Chafin, Sadowski and Funderbuk 2004) has again been extensively researched and demonstrated to be effective, again both in the clinic and in the home base
- **A home visiting approach** by public health nurses, has proven of value (McMillan, Thomas, Jameson 2005)

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Physical abuse

- **Multi Systemic Therapy (MST)** (Swenson, Schaeffer et al 2010) extended to include an approach to working with physical abuse and neglect as well as the extensive abuse with adolescents with problem externalising behaviour
- **MST requires a team available 24 hours a day, 7 days a week.** The approach is intensive and now includes work with parents who have serious mental health, drug and alcohol substance abuse problems (Schaeffer, Swenson et al 2013).
- One team can work with the **complex problems** rather than attempting to work with specialist mental health and substance abuse agencies, who may have competing priorities.

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Common practice elements in physical abuse

- **Psychoeducation for the parent** about the harmful impacts of abuse
- Approaches to **manage oppositional behaviour**
- **Children** were helped by social skills training, communication skills, relaxation, personal safety skills and problem solving
- Approaches to **help children's development**, including educational support, assertiveness training and anger management
- **Motivational interview to engage family** and marital and individual treatment for caregivers.

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Changing perceptions of children's behaviour

Identifying and challenging thoughts

- Identify sequence of thoughts, feelings and behaviour leading to harmful consequences
- Think of alternative thoughts, feelings and behaviour to ensure children are safe

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Praise and positive attention

The module considers:

- the value of praise, the concept that behaviour (positive or negative) is increased through attention and that praise is a tool which increases behaviours which are most desired
- how to improve the value of praise
- noting positive behaviour and introducing praise
- praising independent play and providing practice assignments.
- Tips for parents

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Sexual abuse

- **Research on interventions with victims of child sexual abuse** including the series of papers on trauma focussed cognitive behavioural therapy. (Cohen, Deblinger, Berliner et al 2004)
- **Psychodynamic treatment models** (Trowell, Kolvin et al 2002)
- **Young people responsible for sexually harmful behaviour** including work with younger children, CBT approaches, multi-systemic therapy and a consensus publication on working with young people with sexually harmful behaviour. (Letourneau et al 2009)

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Practice elements which emerged from distillation of the research on sexual abuse

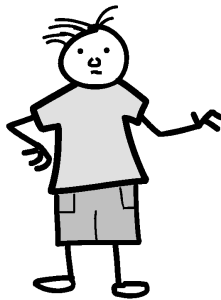
- **Psycho-education** about the impact of sexual abuse.
- **Cognitive behaviour skills** in managing the exposure of traumatic thoughts, feelings and behaviour associated with abuse.
- Establishing a **'Trauma narrative'**
- **Relaxation skills**, problem solving and relationship building.
- Parents were also provided with **psychoeducation**, coping and parenting skills such as providing tangible and positive parenting skills.
- including CBT to help children and young people **manage harmful behaviour** and develop personal safety skills, anger management, line of sight supervision.

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Body Map

Where do you feel anxious feelings?



Worksheet—Anxious Feelings & Thoughts © 2006 PsychoNotes, LLC 1 of 3

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Body Map

Where do you feel anxious feelings?



Worksheet—Anxious Feelings & Thoughts © 2006 PsychoNotes, LLC 1 of 3

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Explaining the rationale for trauma-focused work -

- David Trickey – Consultant Psychologist and trauma specialist explains the rationale for trauma-focused work: why it's good to talk
- Traumatic memories need to be brought to mind and thought through, or 'processed'
- Metaphors help to explain the process further, so that decisions can be made about participating – see the following 3 slides
- *D. Trickey (2006) in P. Appleton (ed) Children's anxiety – a contextual Approach – Routledge –www.davidtrickey.com*

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Explaining the rationale for trauma-focused work (Trickey, 2006)



I was working with a 14 year old boy, and just before we went through the traumatic event again, I reminded him about why we were doing the trauma-focussed work using the wardrobe analogy. He listened patiently and then said "It's a bit like that Dave, but actually, it's more like this":


He filled up the waste paper bin with scrunched up pieces of paper until it was over-flowing and said "These are all the bad things that have happened to me, and as I walk along the road to school [he made the bin walk along and bits of paper fell out of the top] they fall in front of my eyes. And as I go to sleep [he lay the bin down and more pieces of paper fell out] they fall into my dreams

Source: Trickey 2006

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Explaining the rationale for trauma-focused work (Trickey, 2006)



But when I come here and talk to you, we take each piece of paper out [he took each of the pieces of paper out], un-scrunch it [he un-scrunched them], and we read it through carefully.

Source: Trickey 2006
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Explaining the rationale for trauma-focused work (Trickey, 2006)



Then we fold them up neatly and place them back in the bottom of the bin [he folded up each piece of paper neatly and placed it in the bottom of the bin] **This means that they don't fall out the top, and I have more room in my head to think of different things'.**

Source: Trickey 2006
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Neglect

- Chaffin, Hecht et al (2012) have demonstrated significant effectiveness of a 10 year state-wide intervention study of **SafeCare** an approach introduced by Lutzker and Bigelow (2002).
- The Safecare Approach** includes interventions to improve the nature of parent interaction with young children, as well as providing better quality care of children and a safe home and environment.
- This has been demonstrated to have a **significantly positive impact on pervasive problems of neglect**, maintained over a number of years.
- Interventions with **failure to thrive** (Black and Dubowitz 1997)


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Practice elements - neglect

- Facilitating professional family relationships, **engaging families**
- Providing a **proactive management approach** (Farmer and Lutman 2009)
- Parenting approaches included **psychoeducation** about the impact of severe neglect on children's development
- Managing children's behaviour**, promoting positive interaction, safety and good care
- Helping children with **personal safety skills**, nutritional and medical care.

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Building a picture of the child's life and building a rapport with the child



- Get to know the young person- All about me/ my galaxy/ my world/ my life as an advert/ life as a song/ a rap
- Ask them their areas of interest/ hobbies/ favourite things e.g. animal/ food/ hobby/ TV program/ subject at school/ time of year/ sport etc.
- Bring humour/ playfulness/ a sense that you are really interested in getting to know them- what makes them tick/ what makes them sparkle?

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Exposure to violence

- Recognised as having a **harmful impact on children** leading to the impairment of their health and development.
- Seeing a parent being hurt and injured** can have as traumatic an impact on a child as the child being hit themselves
- Child parent psychotherapy** (Lieberman et al 2005 and 2006; Ippen et al 2013; Van Horn, Toth et al 2002 and 2006). This approach focuses on work with the child and supportive parent to help clarify the child's experiences, promote their relationship.
- trauma focused cognitive behavioural therapy** to achieve the same goals.

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Practice elements – exposure to violence

- **Psychoeducation** about the impact of violence or mental health difficulties
- **Supporting parents** to be able to listen supportively to their children and to improve their relationship and build rapport
- **Work with children** included creating a trauma narrative of stressful traumatic events they had been exposed to
- Development of **safety skills** and social skills.

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Ten Things I Can Do to Feel Good!

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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Thinking-Feeling-Doing

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Everybody feels sad, down, grumpy, or upset sometimes, but getting stuck in those feelings can be a problem. To get unstuck, we can change how we **THINK**, and what we **DO**, because thinking and doing have a big impact on how we **FEEL**.

Imagine a Rainy Day
Circle the person below who feels better. What makes that person feel better?

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What Do YOU Think, Feel, and Do?

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What about YOU? Think of a time recently when you got stuck in a bad mood. What did you **THINK**, **FEEL**, and **DO**? If you had different thoughts or took different actions, would you have felt differently?

What was happening?

What could you have thought instead?

You thought...

You felt...

You did...

How might you have felt instead?

What could you have done instead?

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Creation of the Intervention Resources

Integration of practice elements into intervention resources for use by practitioners

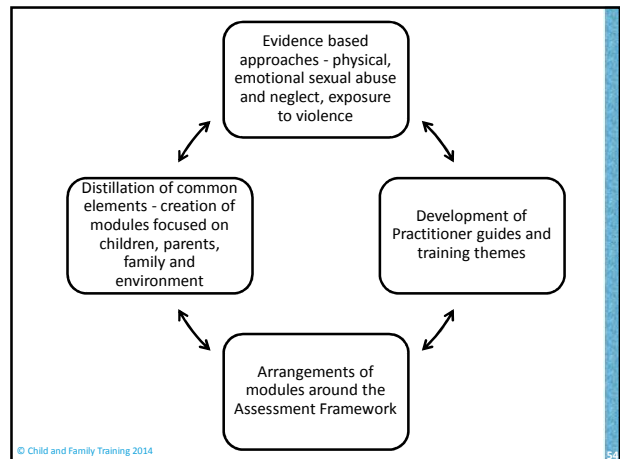
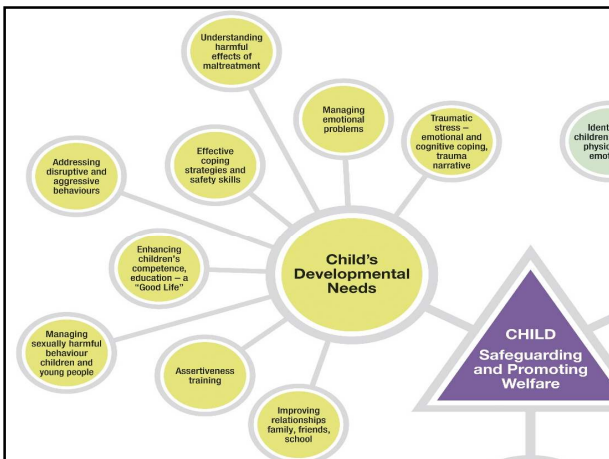
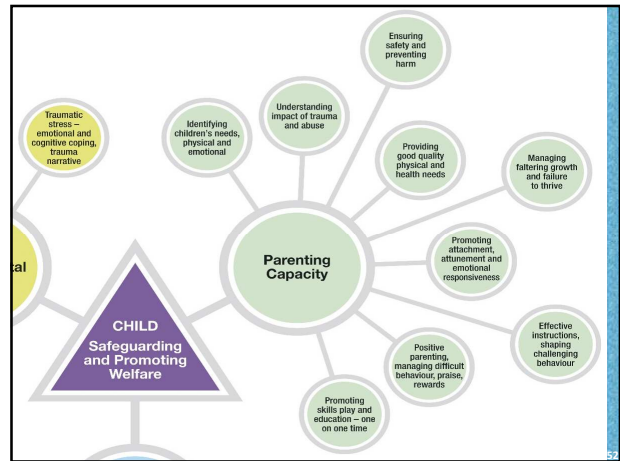
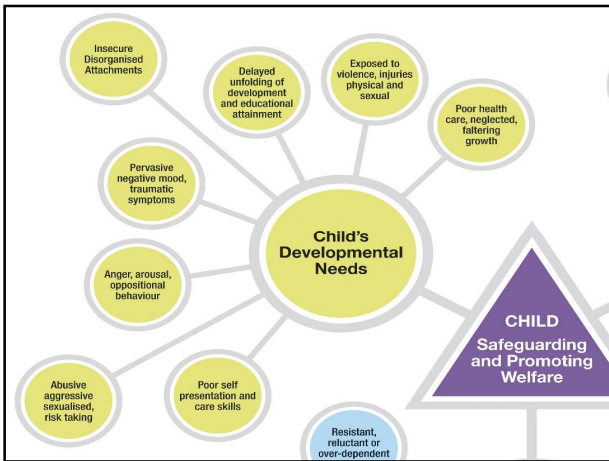
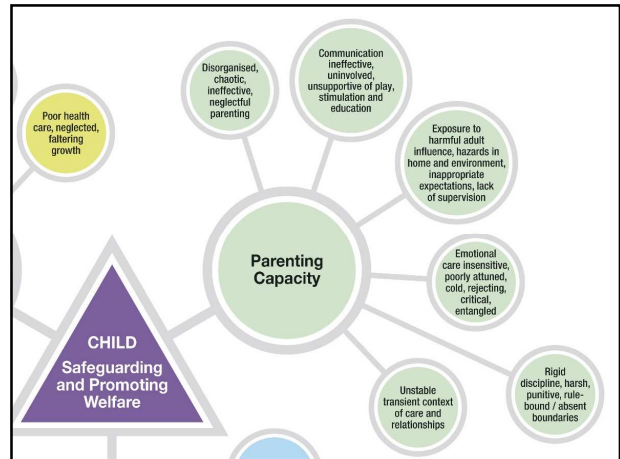
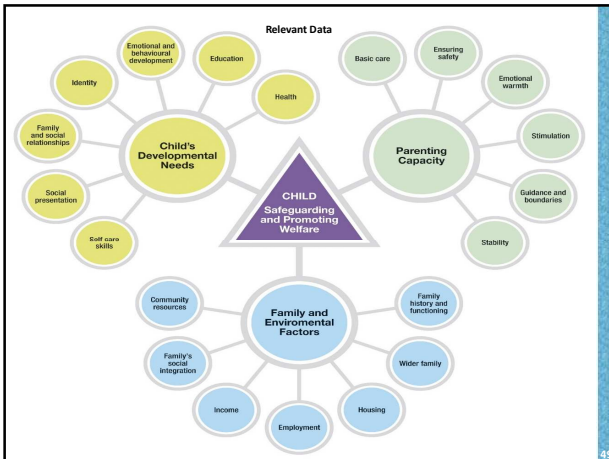
- A group of **experienced practitioners** brought all this information together and integrated it with their practice knowledge
- The **UK Assessment Framework** was used as the foundation for describing strengths and difficulties in parenting associated with abusive parenting, and the impact on children's health and development
- **Interventions** were organised 'around the assessment triangle' and made this the basis of the intervention map

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Assessment Framework

A map of relevant data to be collected

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Structure of the modules and practitioner guides

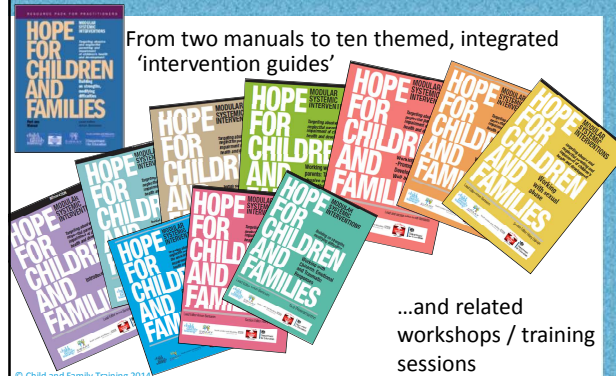
- **Practitioner briefing** – summarises, theory, research and the approach being followed
- **Content and materials** by type – for parents, children, and practitioners – **relevant steps**
- **Suggested scripts** 
- **Guidance notes** for practitioners to support direct work
- **Activities**
- **Practice/role plays** and coaching
- **Handouts** for parents
- **Worksheets**

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Developments during the pilot project

From two manuals to ten themed, integrated 'intervention guides'



...and related workshops / training sessions

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Focus for the pilots

- **supporting normal everyday work (core business)** rather than something special and exclusive
- ensuring that the **voices of the child and of the family members** come through
- assessing **the potential of an intervention for bringing about change**
- identifying and working to **meet the needs of every member of the family directly or indirectly**
- **embedding learning from training** through themed workshops and reflective supervision

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Application to international contexts – Jordans and Tol 2015

Focusing on specific most vulnerable groups fails to address multiple stressors

- Discussion of whether to 'promote resilience within families or communities combined with
- 'Targeting attention to families and individuals with specific vulnerabilities' in a '**Comprehensive system of care approach**'
- Value of **Trauma focused approaches, need to be extended by using modular approaches**

Merging approaches into a **single service delivery** framework – promoting resilience at various levels by targeting locally identified risk and protective factors – parenting support,

- **Schools, primary health workers**, as foci for intervention

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Final practice recommendations

- **Key practice recommendations**
- The UN Secretary General's *World Report on Violence Against Children* (2006) included the following practice recommendations:
- **prioritisation of prevention**
- **providing recovery and social integration services**
- **enhancing the capacity of all who work with and for children; and**
- **ensuring the participation of children.**

THESE GOALS REMAIN

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