Children and young people suffering abuse, trauma, health and emotional problems

Presentation at the conference

***Exploring the perspective of children and young people*.**

Arnon Bentovim

Child and Family UK

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introduction

- I will argue that many of the children and young people suffering abuse, trauma, health and emotional problems do not receive the help they require
- Approaches tend to focus on single disorders rather the reality of the complexity we face every day, and the fact that many children suffer multiple adversity
- I will describe a potential solution the development of a Modular approach to therapeutic work

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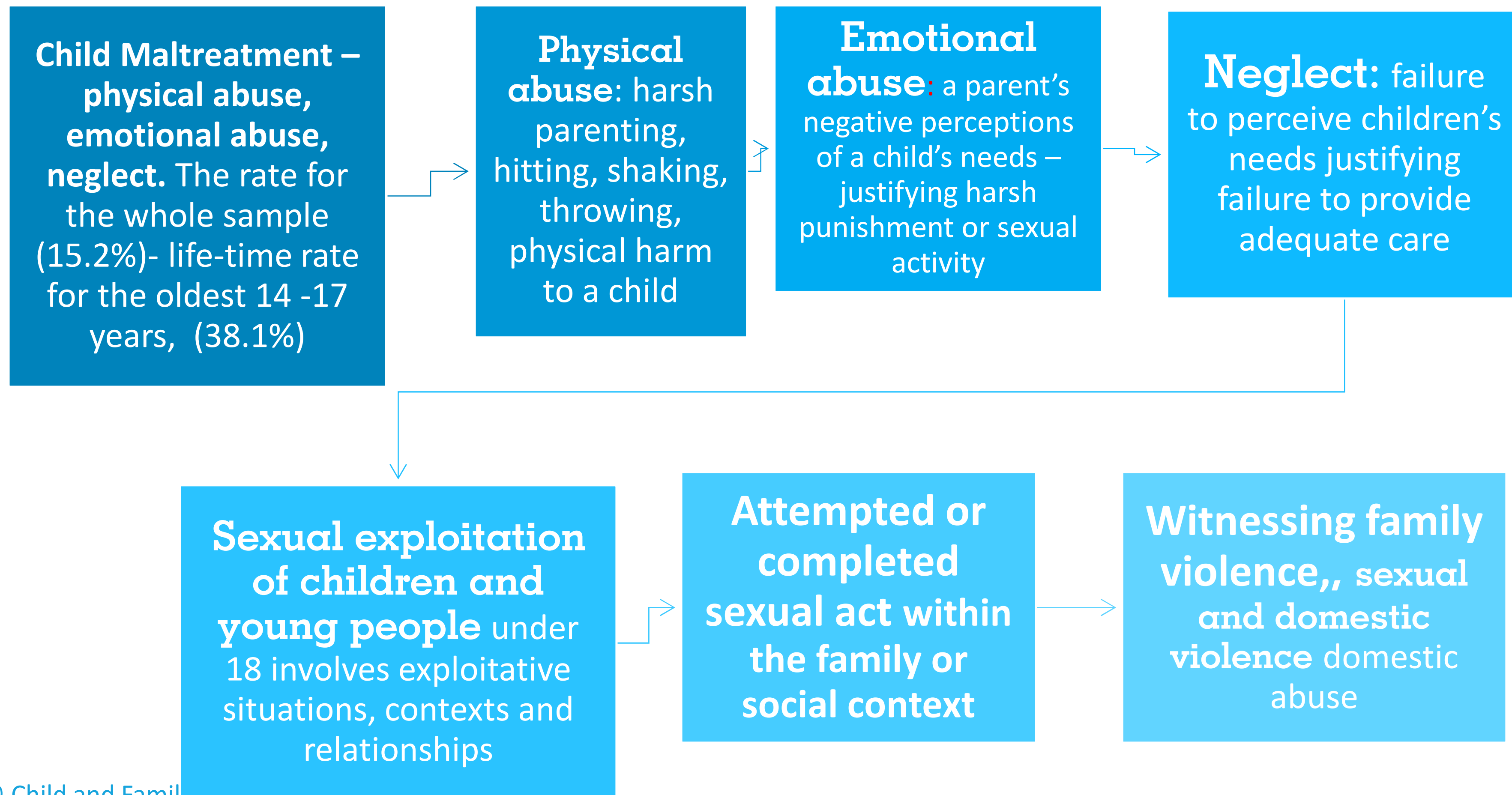
Child Maltreatment – Rates (Radford 2011)



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Polyvictimisation –Multi-Part Maltreatment

- **Finkelhor and colleagues (2007)** A National Survey - ***Polyvictimisation or Multi-Type Maltreatment***. 7% reported more than 7 different forms of victimisation exposure to **interpersonal violence, disruption, and adversity**
- **Anger and aggression put them at risk of further victimisation, depression and anxiety.**
- **Herrenkohl & Herrenkohl's review** (2009) - polyvictimisation between **33-94% in different studies** –
- **Warmingham *et al*.** (2019) US sample of 674 low-income children: The largest class **chronic multi-type maltreatment** (**57%);**
- Cecil et al 2017) **older group of inner city youth in the UK –68%** experiencing **one or more forms of maltreatment.**
- The **number** of maltreatment types **predicted the severity of psychiatric symptoms**, in a linear fashion – **a cumulative effect**

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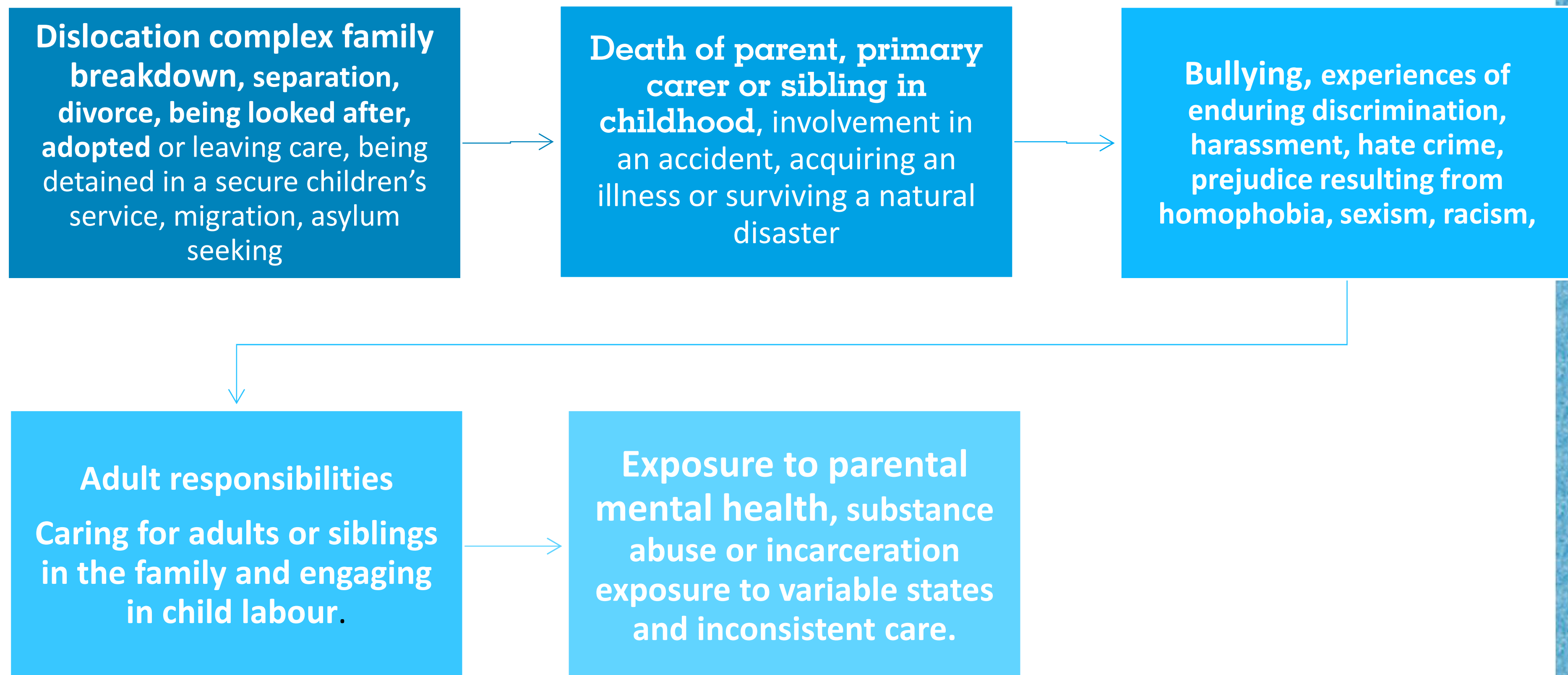
Adverse experiences in childhood ACEs – Young Minds -2018



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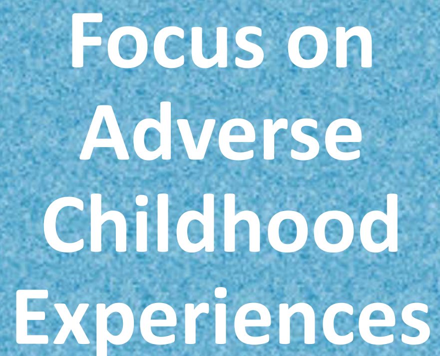


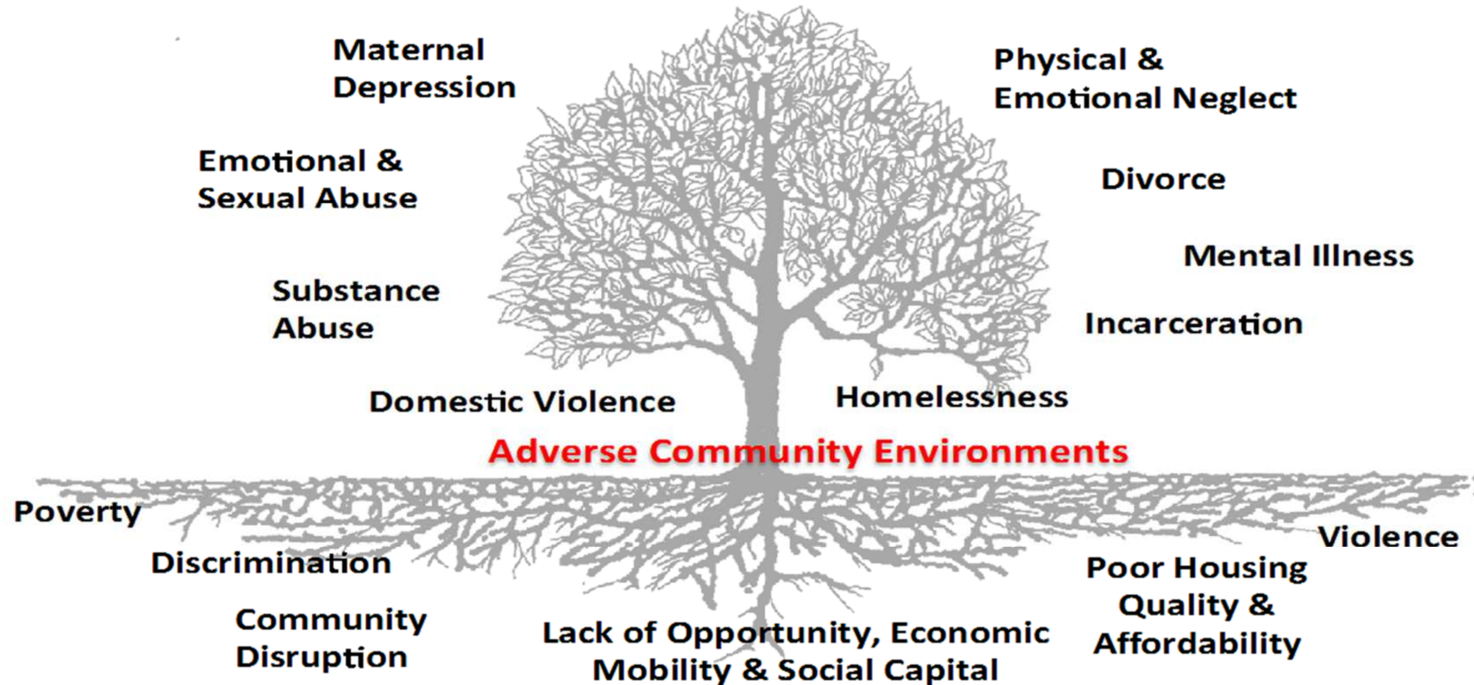
-**Children in foster care suffer multiple ACEs** associated with chronic disruption of placements, higher levels of depression, withdrawal, and rule-breaking behaviour (Garcia 2017, Villodos et al., 2016).

-**Role of ACEs and sensitivity on the the development of PTSD in war-exposed children** (Karam et al 2019)

The co-occurrence of child maltreatment and ACEs (Brown *et al*., 2019)

- ***Caregiver being treated violently***, associated with physical and emotional neglect

-***Parental mental health, or substance abuse***, associated with emotional abuse



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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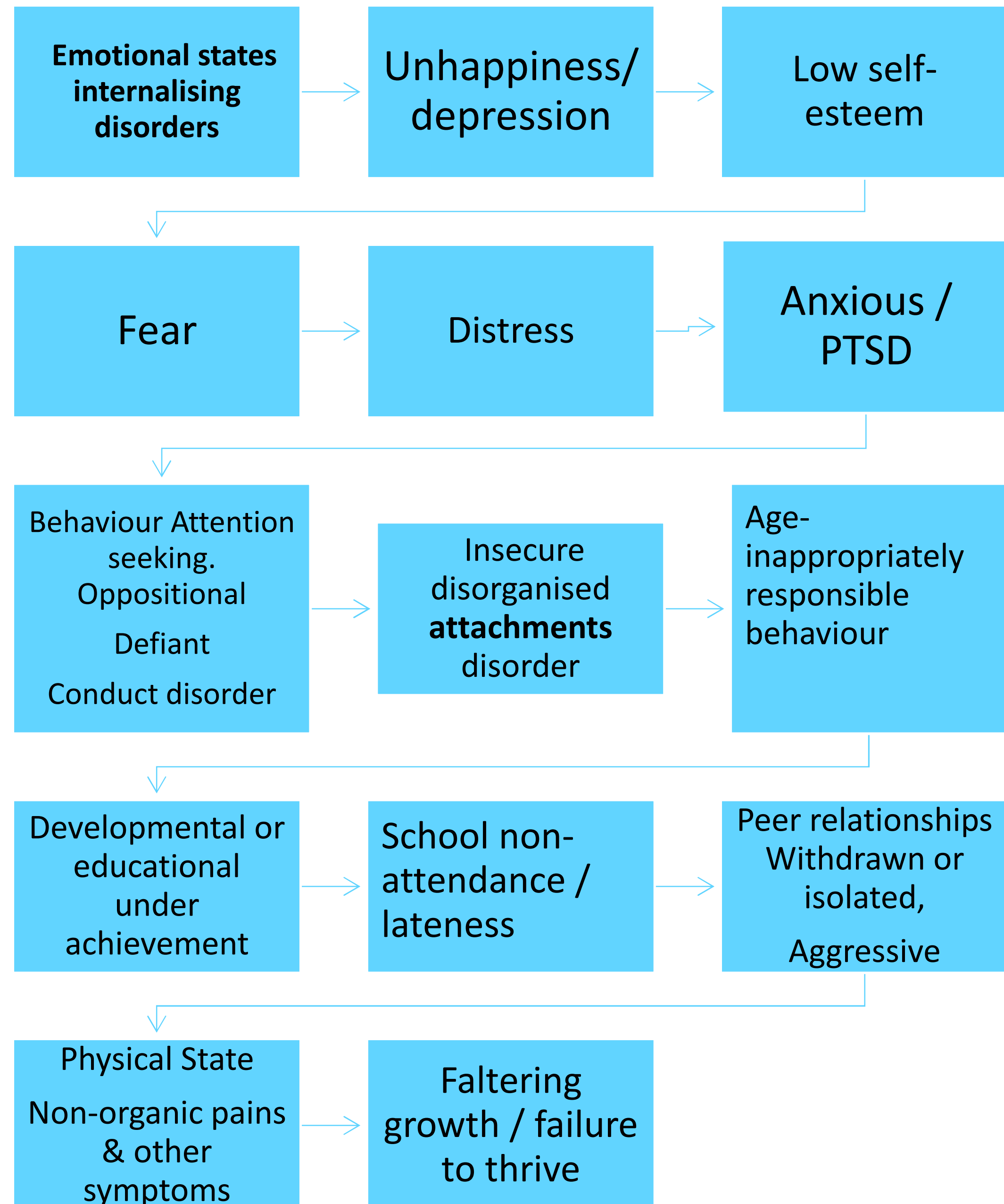
‘Devastating Consequences of persistent adversity’ Egeland (2009)



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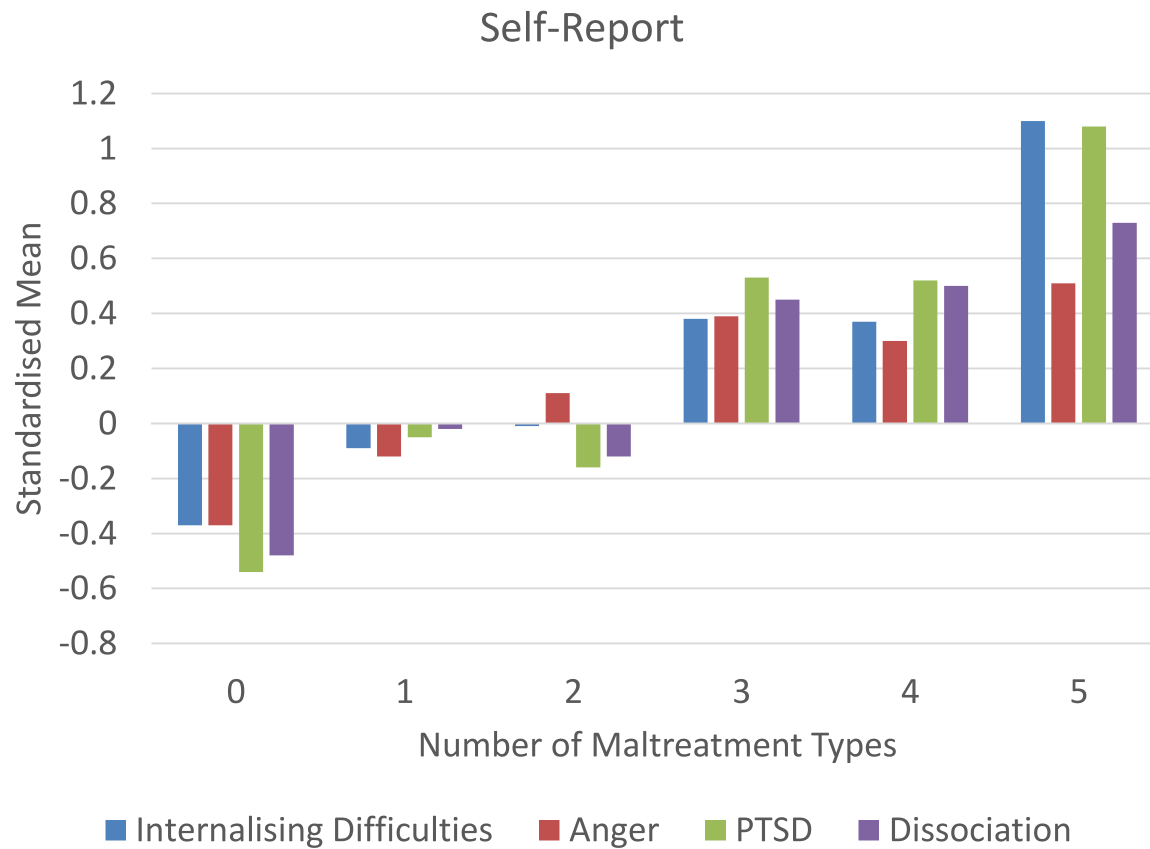

Figure 1. Association between number of maltreatment types experienced and symptom severity across mental health domains.

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The impact of adversity on health and development – neurobiological impact

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The impact of stress

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The role of stress

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

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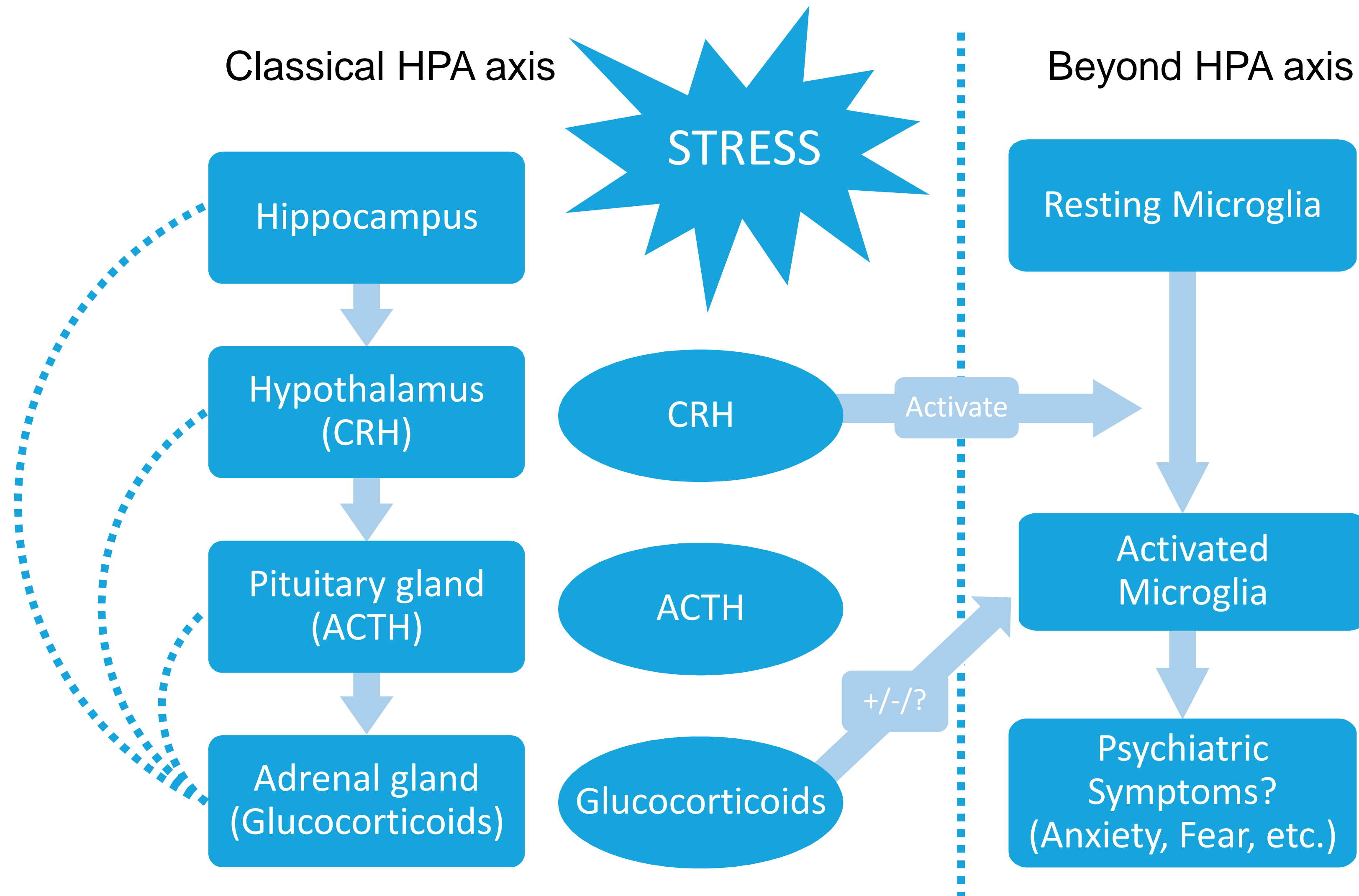
PTSD and the HPA Axis – Brain- Endocrine –Behaviour



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Abuse and adversity have a Transdiagnostic impact

- Therefore abuse and adversity are associated with multiple different types of disorders **rather than specific disorders** or clusters of symptoms.
- **The more extensive the abuse and adversity** the more extensive the degree of physical and mental health responses, **externalising –** anger, anti- social disruptive responses, **internalising** disorders, distress, anxiety, depression, traumatic responses, and complex PTSD
- The pattern of response is **influenced by genetic and temperamental factors, and latent vulnerabilities** (McCrory 2017) coping responses
- **Earlier adverse experiences** can have a cumulative **'sensitising impact'** increasing the impact of subsequent adversity**,** there can also be **'inoculation effects'** adverse experiences in early development which are processed and reduce the impact of subsequent adversity -

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Implications for assessment – role of IMS

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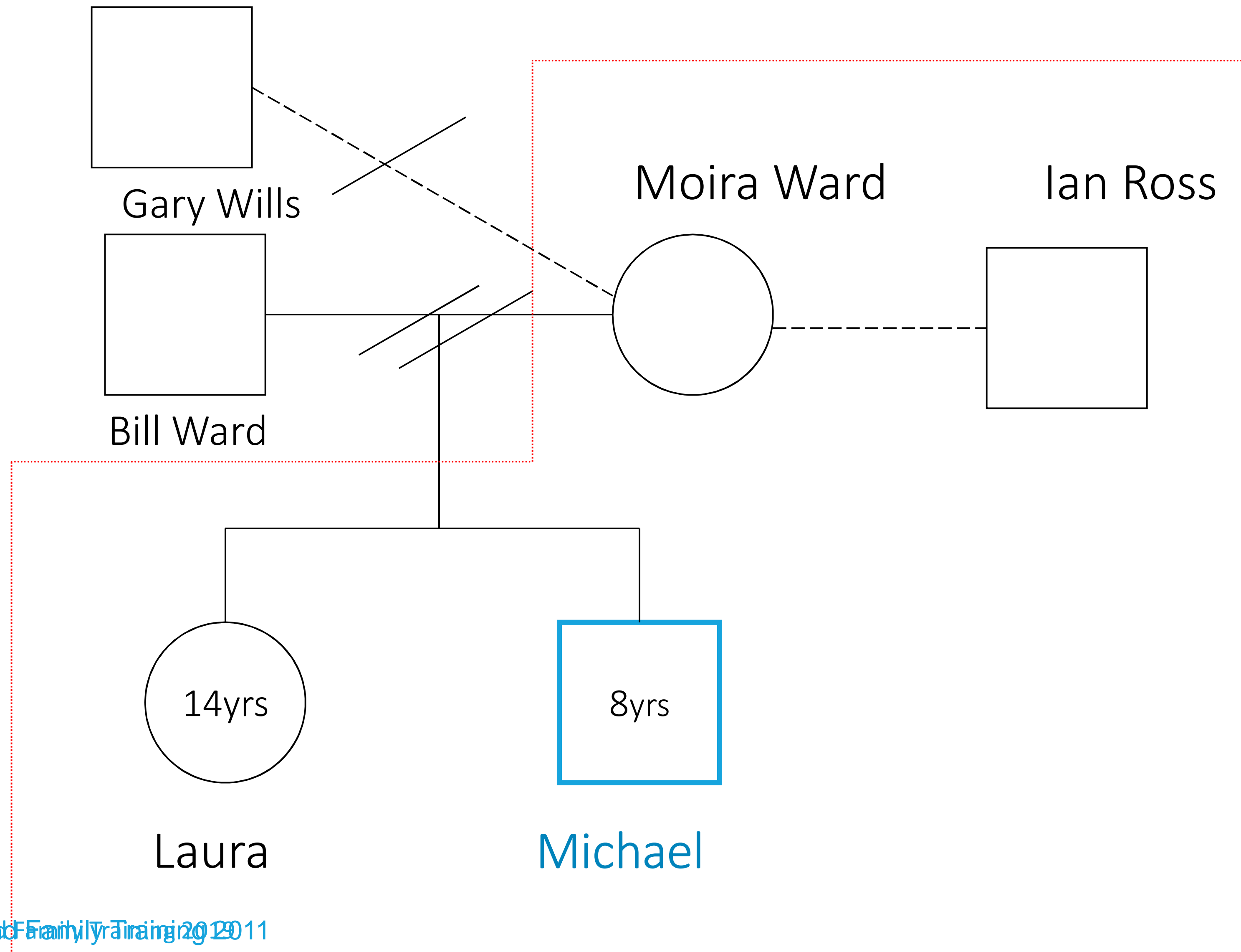
Stage 1 and 2: Making a full assessment
Case Study: Ward Family – referred by the school



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Family assessment

- Video

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Stage 1. Considering the referral and the aims of the assessment

- Identifying potential maltreatment- abuse and neglect
- Consider
- Initial

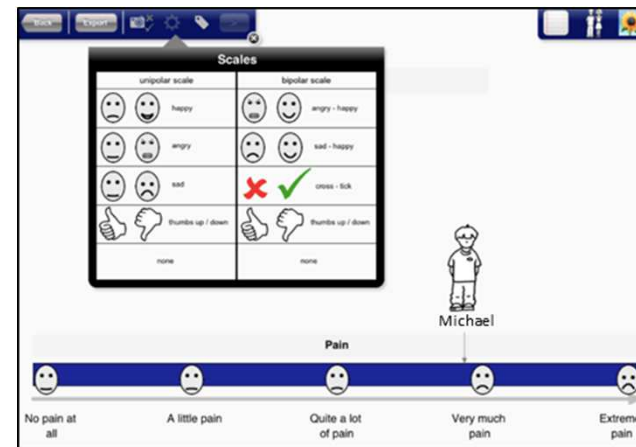
Stage 7. Identify outcomes and measures for assessing change

- Establishing outcomes related to the hypotheses about how interventions are expected

i. to improve children's health and

ii. have an impact on the factors and processes influencing the child's developmental needs Selection of measures which can be administered before and after intervention

- Identifying measures for assessing whether change has been achieved for each outcome



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The Stages of work

Stage 1	**Considers the nature of the problems identified ensure immediate health needs have been met, and basic care and safety have been established.**
Stage 2	**Gather assessment information on the child's developmental needs, parenting capacity, and family and environmental factors.,**
Stage 3:	**Organise the information using the Assessment Framework** and establish a chronology of significant events
Stage 4:	**Analyse the patterns and profile of strengths and difficulties** including risks and protective factors within the family context
Stage 5:	**Systemic analysis** about the protection and therapeutic needs of the child, and the capacity of the family to meet them
Stage 6	**Make decisions** and develop a plan of intervention.
Stage 7	**Implement the plan of intervention**, monitor

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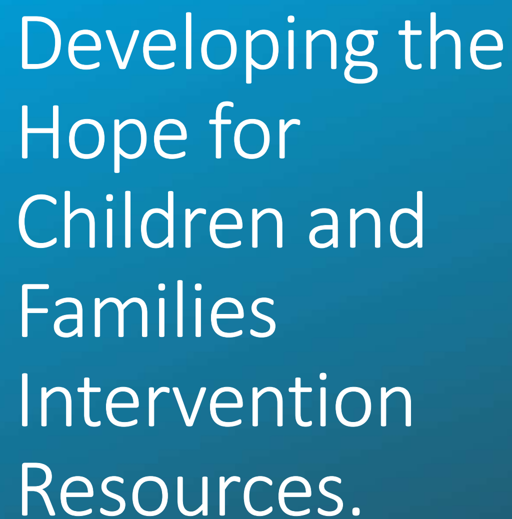
Interventions for maltreatment

There is a extensive research on interventions for maltreatment –- across the age-range. Macdonald et al., (2016) identified 198 studies including 62 trials, the majority for single forms of maltreatment.

They noted many children had multiple forms of maltreatment, Trauma Focused CBT reduced traumatic symptomology and was also helpful in reducing associated anxiety and depression.

However, there was limited availability of interventions to deal with the complex difficulties associated with common multiple ACEs. (Bentovim, Vizard & Gray, 2018).



Developing the Hope for Children and Families Intervention Resources.

- The '**Hope for Children and Families Intervention Resources'**, ***HfCF.***
- **47 common practice elements** from **22 Evidence based RCT's** were identified utilizing the MAP system, to prevent the harmful effects of child maltreatment
- They were categorized as focusing on children, parents and the family as a whole, and organised around the **assessment framework**
- The HfCF intervention resources have a **broader target set and/or more diverse outcomes than focal treatments**. They accommodate the nearly **limitless presentations** of children and young people, and their families living in contexts of stress and adversity

Examples of Common Practice Elements With children and young people

Psychoeducation and Abuse specifc

- Impact of abuse,
- Creating a trauma narrative of stressful traumatic events,
- Managing and exposing traumatic thoughts, feelings
- Manage harmful angry & sexualised behaviour

Generic interventions

- Communication, Safety skills
- Relaxation, Problem-solving. Relationship building. Social Skills Talent/Skill Building
- Self-Reward/Self-Praise
- Self-Monitoring
- Assertiveness

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Library of Modules

❖ Supporting children, young people and their carers

Generic 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

Problem specific modules

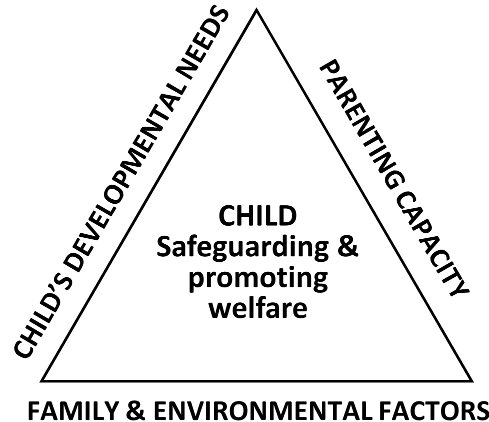
- Working with anxiety problems
- Working with mood problems
- Working with trauma problems
- Developing positive relationships with family and friends
- Maintenance and building resilience

Supporting children, young people to address adverse disruptive behaviour

- Enhancing children's competence: 'The Good Life'
- Coping with disruptive behaviour
- Assertiveness training
- Developing positive relationships with family and friends

❖ Initial stages of work

- Engaging families, parents and children
- Goal setting



❖ Family and community relationships

- Promoting healthy family functioning, family communication and problem-solving skills
- Managing conflict and dysfunction in family life
- Support networking for families

❖ Working with child sexual abuse

- Working with children who have displayed harmful sexual behaviours and their parents/carers
- Working with children harmed sexually

❖ Working with parents

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

- Identify and understand children's physical and emotional needs
- Promoting children's early and later development
- Ensuring safety and preventing harm
- Providing good quality basic care
- Nutritional care and attention to faltering weight

Modifying abusive and neglectful parenting:

- Psycho-education
- Coping with stress and the link with abusive and neglectful parenting
- Coping with negative perceptions of their children
- Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

Promoting attachment, attuned responsiveness and positive relationships

- with younger children
- with older children – one-on-one time
- with adolescents

Promoting development of skills

- Promoting development early and later – play, communication, stimulation

Promoting Positive parenting

- Understanding children's difficult behaviour
- Praise and positive attention
- Attention and ignoring
- Giving effective instructions
- Rewards
- Shaping challenging behaviour

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The guide ‘Working with children and young people:Addressing emotional and traumatic responses’

Intervention guide for practitioners

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

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

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Components of the guides – Each module includes

Relevant steps

To achieve an evidence-based goal, and the particular focus

Introduce problem-solving S-T-E-P-S

Describe each step and encourage the child to give you specific detailed examples.

S: Say what the problem is: Describe it specifically and concretely.

T: Think of solutions: Brainstorm at least three solutions.

E: Examine the solutions: Identify the pros and cons of each, including the likely consequences.

P: Pick one and try it out: Use the 'pros and cons' to choose the best solution.

S: See if it worked: What was the outcome? If it didn't work, choose another solution to try.

You can practise using S-T-E-P-S in the session with a fun problem like moving an object from one part of the room to another without using hands.

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Components of the guides

Each module includes:

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

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Training and Implementation

- **Piloting with practitioners** in different settings, demonstrated the value and utility of the intervention guides (Gray, 2015; Roberts, 2017).
- **Training workshops and coaching sessions** attuned to the practitioner's role and context helps them construct a programme of **assessment, analysis and intervention** to meet the specific, assessed needs of the children and families including those who have complex problems.
- The IMS has a key role in ensuring that children's perspectives are kept in mind as a core consideration at all stages of the process.

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Discussion

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