

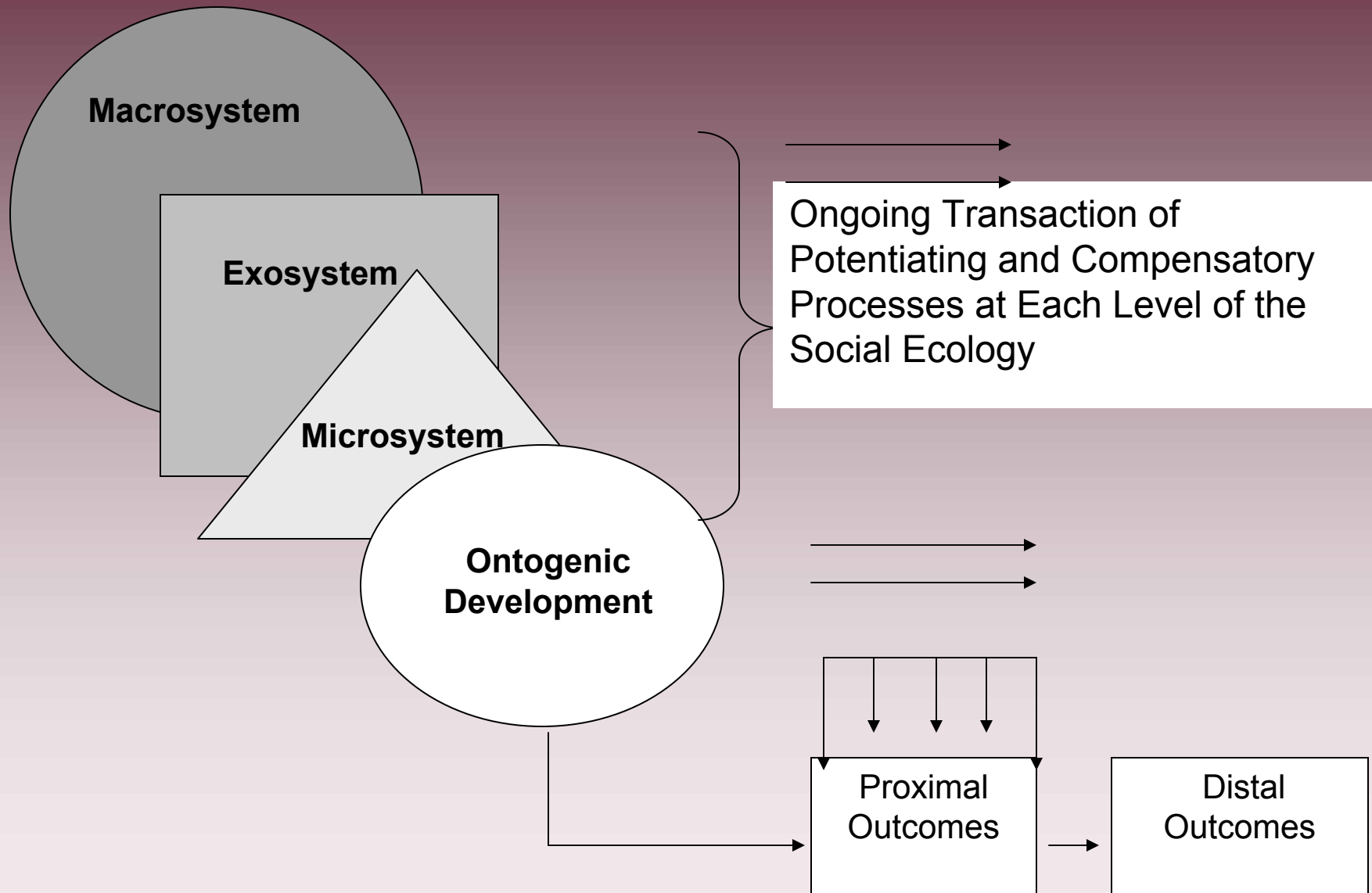


- The Parents Under Pressure Program: Preliminary results of a parenting program targeting parents involved with child protection agencies
- Dr Paul Harnett
- Thursday 27<sup>th</sup> November, 2003 10-11am

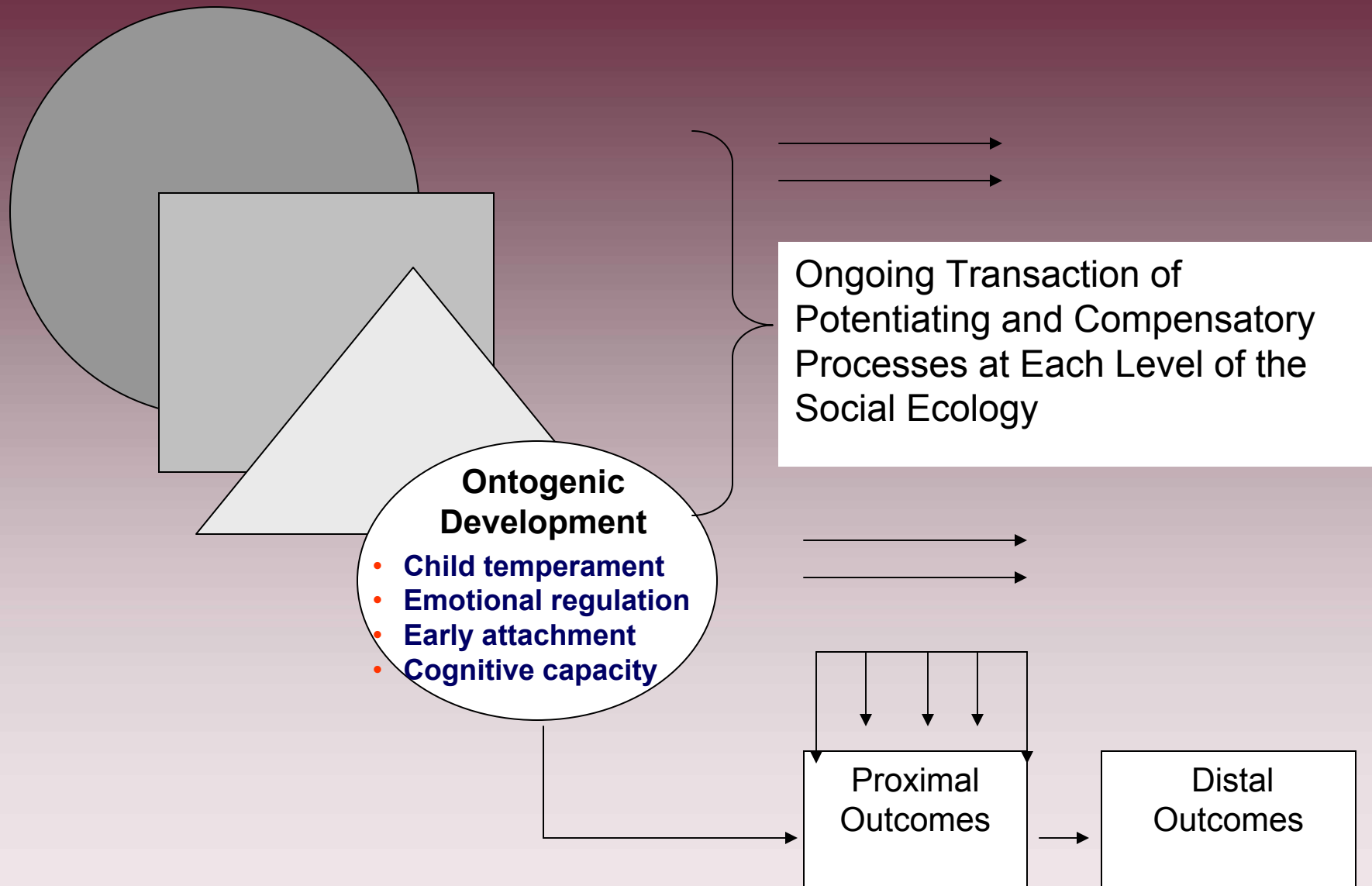
# Overview of presentation

- Overview of the PUP program
- What do we mean by evidence based practice?
- Research evidence of effectiveness
- Clinically based evidence
- Issues in assessment and intervention with parents involved in child protection agencies

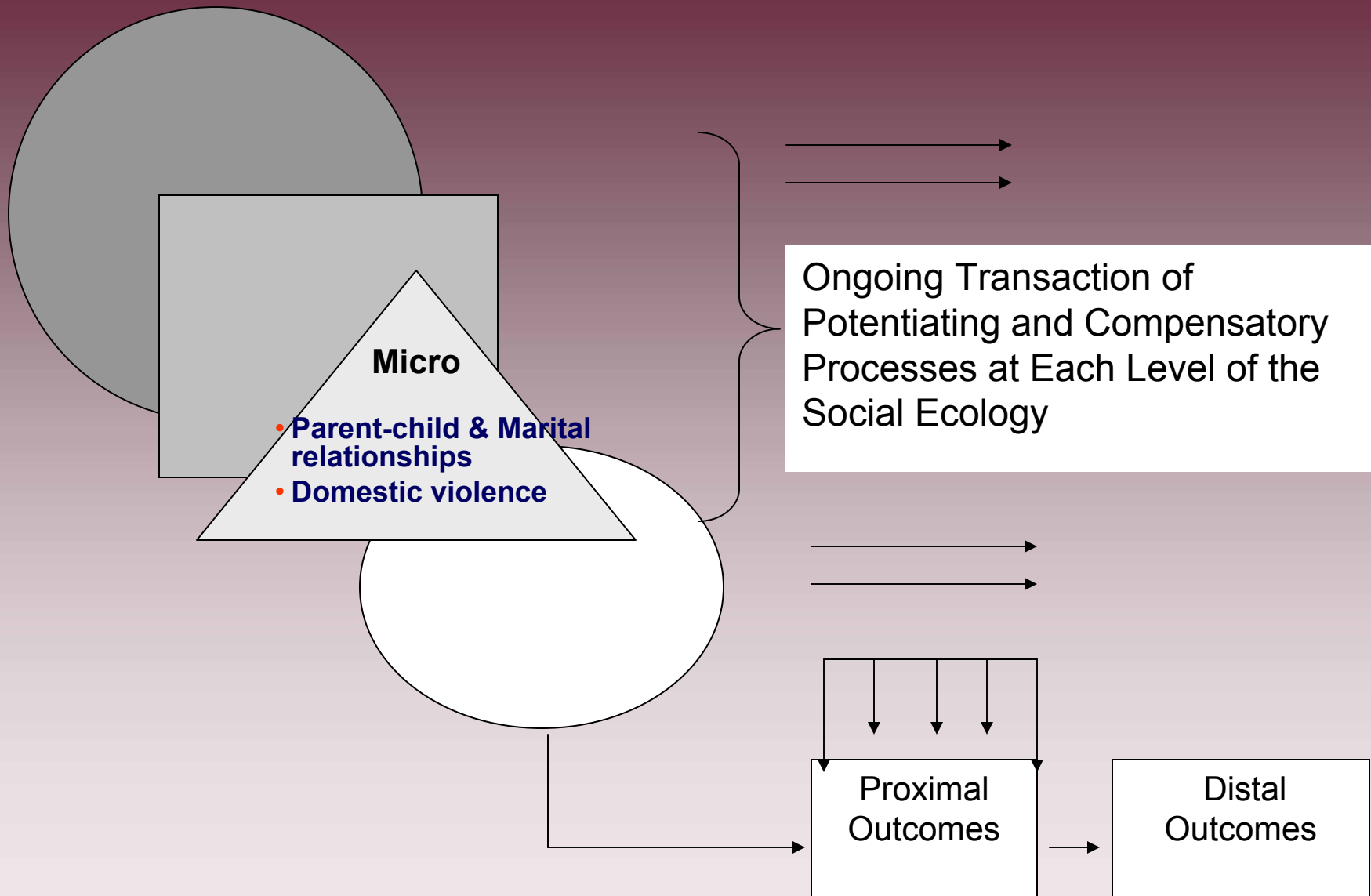
# The developmental psychopathology model



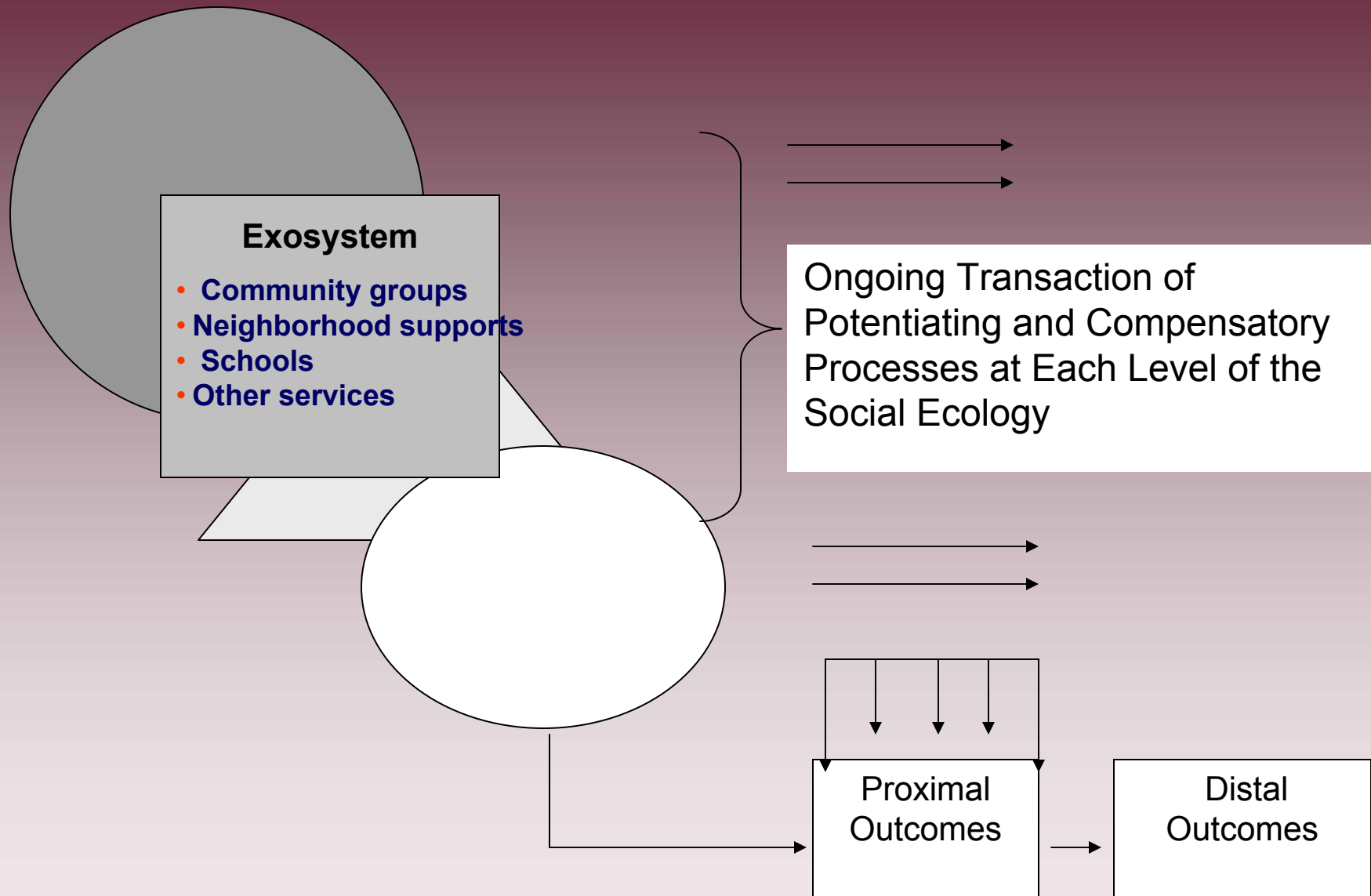
# The developmental psychopathology model



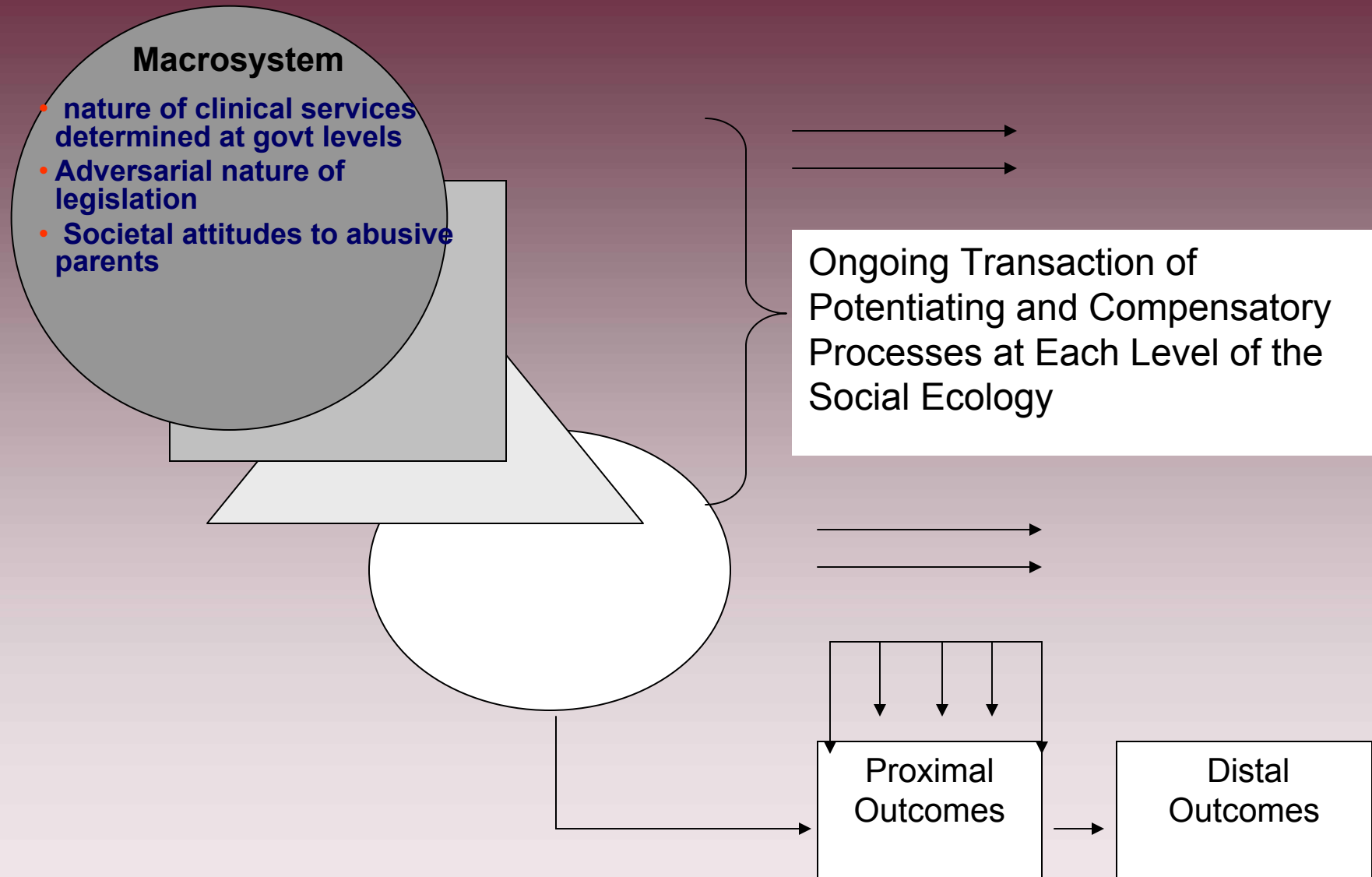
# The developmental psychopathology model



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# The developmental psychopathology model



## Interventions for high-risk parents

- Brief treatments unlikely to work
- Simplistic approaches (targeting single ecological domains) unlikely to work
- Multi-problem families require treatments that address issues at multiple ecological levels
- Acknowledging and working with severe psychological distress is often necessary before parenting strategies can be implemented
- Flexible treatments need to be able to respond to range of life crises



## Parents Under Pressure Program: Overview

- 10 modules
- Structured, non-sequential, i.e., order in which modules addresses depends on:-
  - Priorities mutually agreed on following assessment
  - “Checking out” at the beginning of each session
- Primarily home-based
- Include both parents if they are both around
- Manualised
- Therapists receive regular supervision

## Parents Under Pressure Program: Overview

### Units 1& 2: Assessment, Feedback and “Checking Out”

Aim of assessment is to set clear and meaningful targets for change. This done collaboratively and develops a partnership.

Targets for change may be in any ecological domain.

Process should be non-adversarial, respectful, therapeutic.

The assessment process aims to highlight that there are multiple influences on parenting ability.

Important to highlight areas of competence and emphasise how these areas of strength will help achieve change in other areas

### Units 1& 2: Assessment, Feedback and “Checking Out”

Assessment based on:-

- Interview
- Self-report measures
- Direct observation of parent-child interaction
- Feedback and “checking out” to determine goals are mutually agreed
- Therapeutic use of feedback – including video-feedback

### Unit 3: View of self as a parent

- Acknowledge what the parent does well
- Replace notion of an ideal parent with that of a “good-enough” parent
- Challenge notion of an ideal child (encourage realistic expectations)
- Look at reasons why we are less than “ideal”

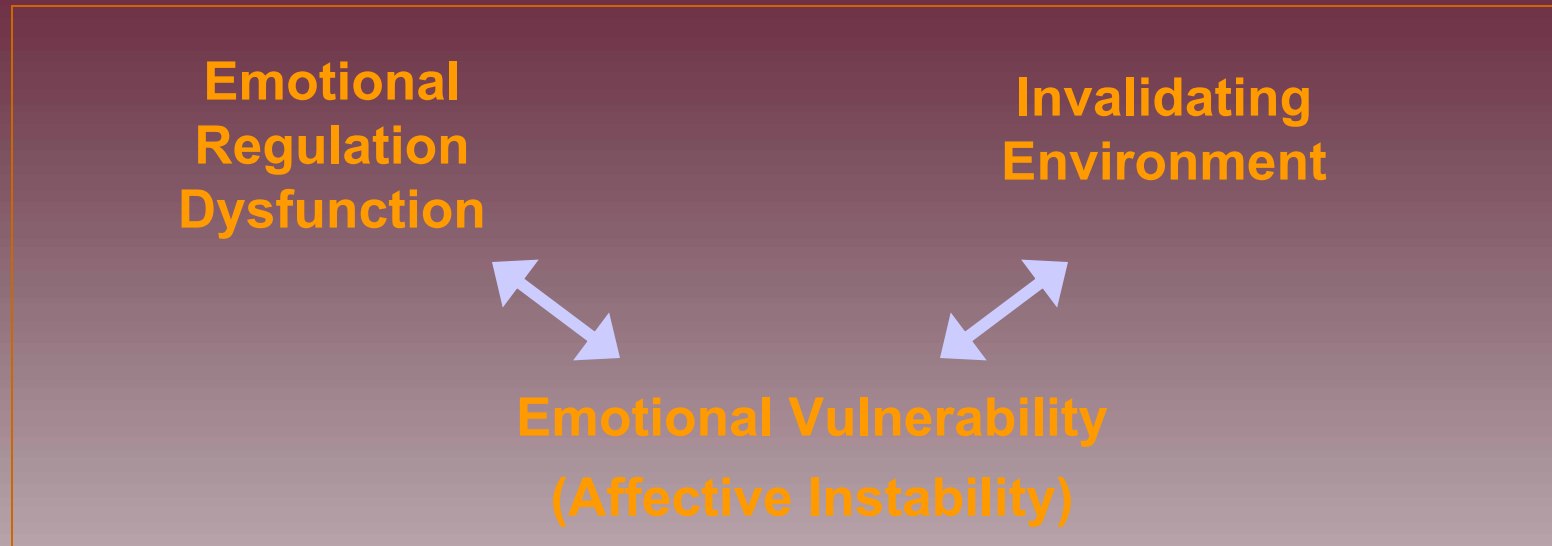
### Units 4 & 5: Parenting skills

- More: Increasing desirable behaviour
  - Modelling prosocial behaviour
  - Acknowledging & rewarding good behaviour
  - Child centred play skills
- Less: Decreasing undesirable behaviour
  - Identifying unacceptable behaviour
  - Limit setting/non-punitive discipline
  - Getting into the right frame of mind

### Unit 6: how to under pressure

- Monitoring emotions
- Thinking positively and challenging negative thinking
- Emotional regulation (e.g., breathing, relaxation)
- Healthy body, healthy mind
- Making time for pleasant activities
- Accepting the unchangeable

# Dialectical Behaviour Therapy Model



DBT skill training includes:-

- Skills to increase interpersonal effectiveness in conflict situations
- Techniques derived from CBT for depression, anxiety, anger, PTSD
- Skills for tolerating emotional distress until changes are forthcoming
- Skills adapted from Eastern (Zen) meditation techniques, such as mindfulness practice

### Unit 7: Lapse and relapse

- Non-judgemental
- Identifying and planning for high-risk situations
- Alternative to drug use
- Dealing with cravings and urges
- Harm minimisation/ Planning drug use
- Lapse
- Ways of dealing with risky, harmful, hazardous drinking
- Low risk drinking
- Controlled drinking

### Unit 8: Extending Support Networks

- Support is important but not always there
- Identifying support people

### Unit 9: Life Skills

- Financial planning (Budgeting)
- Diet/Nutrition
- Employment and education
- Housing
- Centrelink (forms & entitlements)
- Directory of welfare agencies

### Unit 10: Relationships

- Communicating
- Clarifying roles
- Satisfaction and acceptability of the relationship (deciding when enough is enough and considering options)
- Single parents

## What do we mean by evidence based practice?

Evidence based practice can be defined as the application of theory and empirical data in our clinical work to achieve better outcomes for families

# But what is a successful outcome?

## Justifiable outcomes include:-

1. Parents become “good-enough” carers.

The evidence base to demonstrate this outcome comes from traditional research methods such as the RCT

2. A more detailed knowledge about the family to make an informed decision about their parenting capacity and the best interests of the child.

The evidence base to demonstrate this outcome includes clinical data when this is collected using scientifically based evaluation methods (single case methodology)

PUP has been developed to provide research and clinically relevant “evidence”

## Why is it important to distinguish these outcomes?

Given the nature of the client group, there will be “failures” if the goal is to improve the functioning of all parents we work with, and, in turn, the developmental outcomes of the children.

However, clinically our aim is to ensure children are safe and well-cared for. It is possible to achieve this aim without improving the functioning of the parents of the child.

PUP has been developed with the different outcomes in mind

Provides both research evidence and clinically relevant evidence

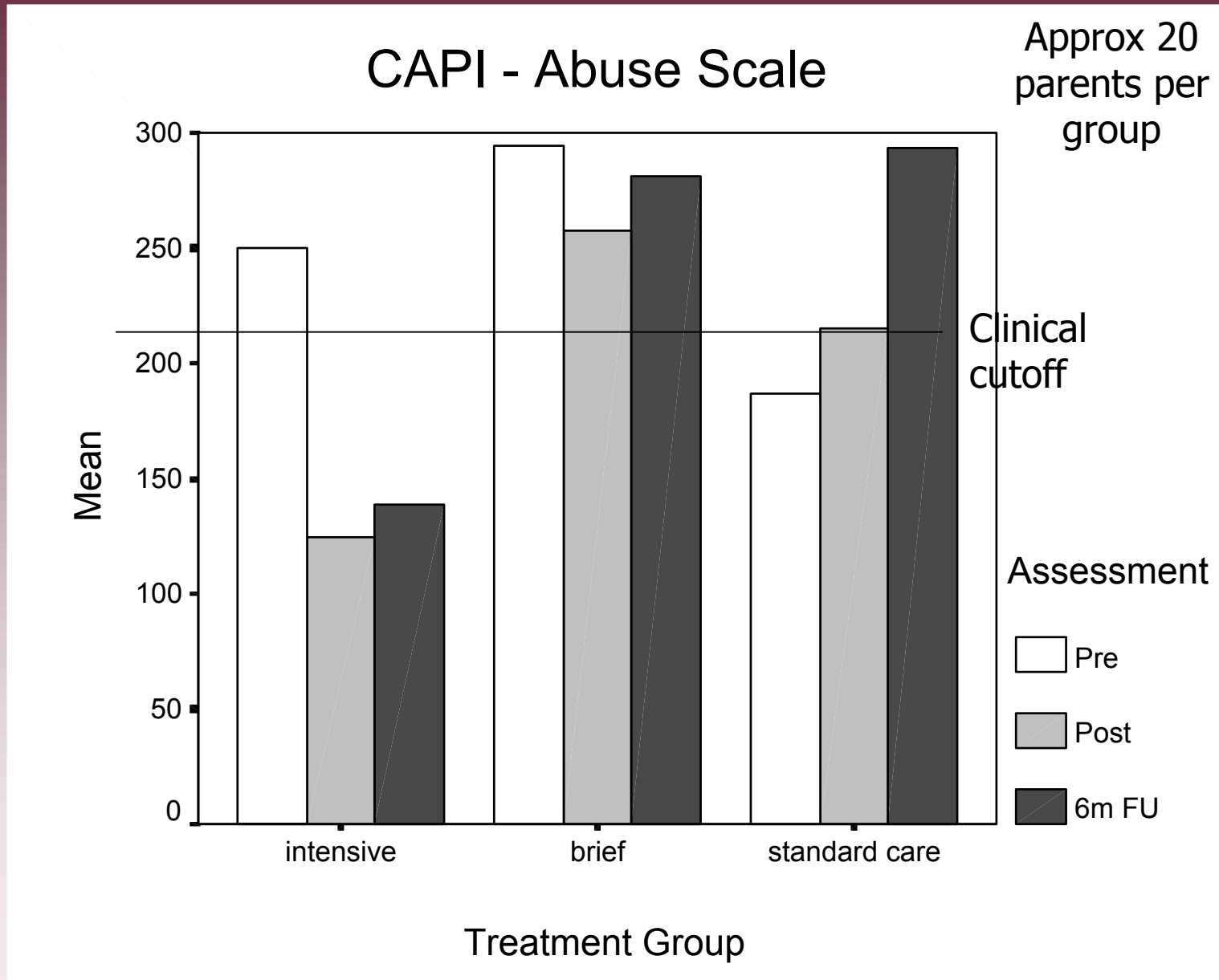
# The research evidence

1. Published pilot study of 10 parents enrolled in a methadone program.
2. Large NH&MRC grant comparing intensive PUP, brief PUP and usual care – completed with good results.
3. Large scale project evaluating dissemination of PUP in a number of methadone clinics across NSW funded by Drug Programs Bureau of NSW Health Dept.
4. Pilot study of parents in women's prison.
5. Recent grant to investigate PUP babies.
6. Pilot study of parents referred to the Abused Child Trust (child protection sample).

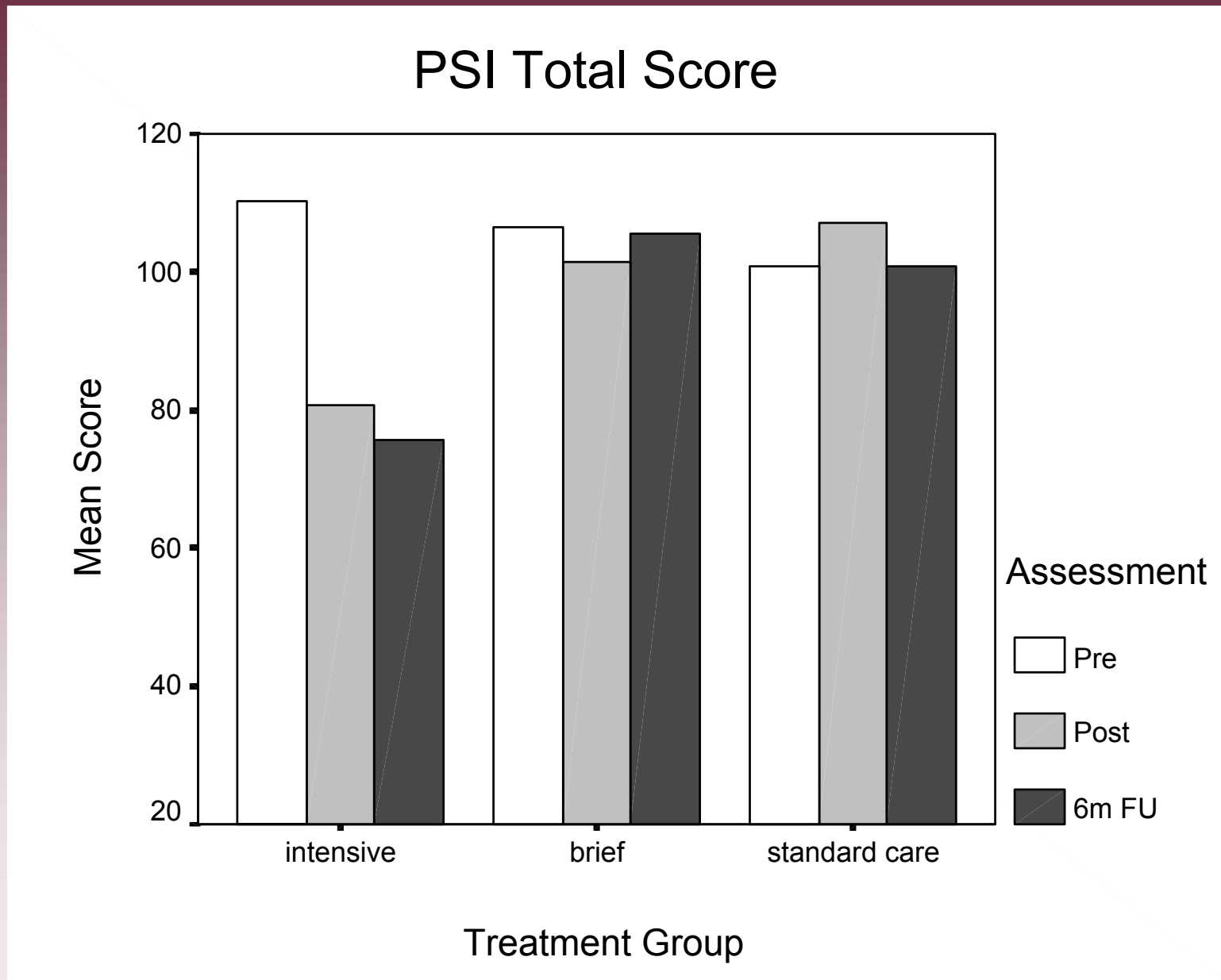
## Summary of major results to date

- Evidence of positive benefits to parents across ecological domains.
- Maintaining the positive outcomes in the “real-world” seems to be dependent on training and, importantly, ongoing supervision of therapists.

# Selected results



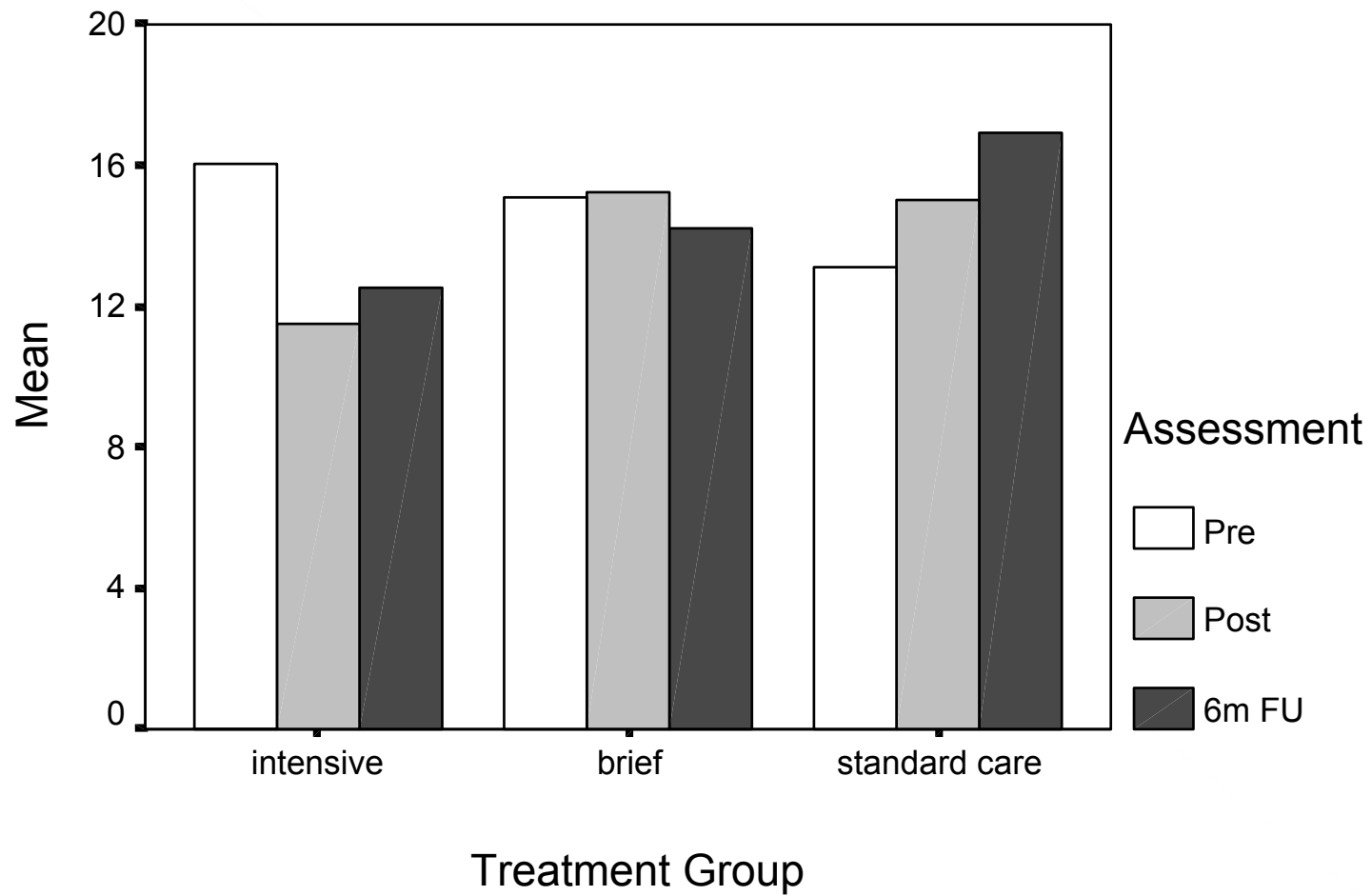
# Selected results



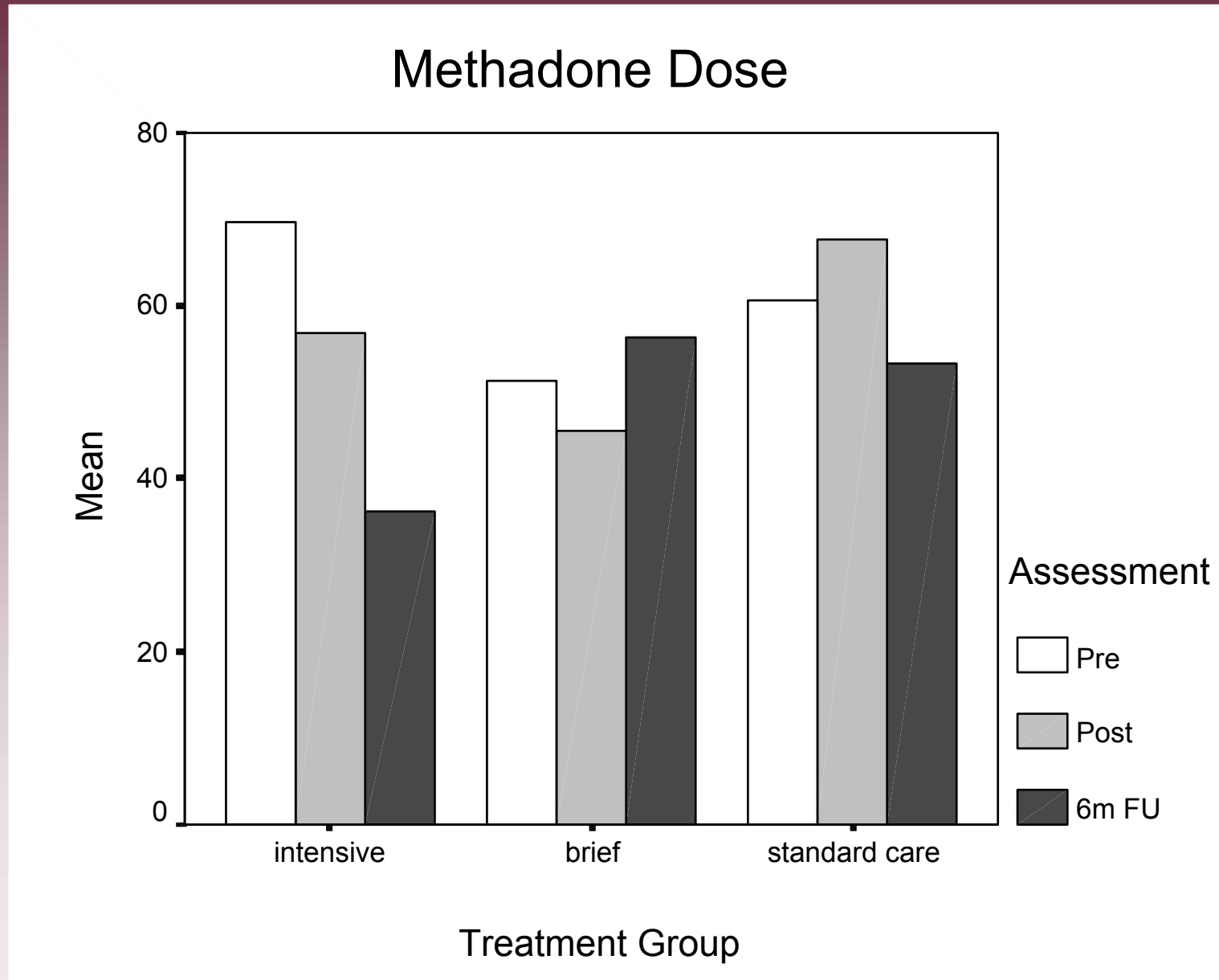
# Selected results

## Strengths and Difficulties

### Total Score



# Selected results



## Issues in application to abusive/neglectful parents

- Referrals often in the context of uncertainty about the suitability of the parents to be carers
- There is no perfect risk-assessment tool
- Results of comprehensive cross-sectional assessments often equivocal
- Thus, there is the potential that problems that weren't detected at assessment will come to light  
(This is our experience to date)

## Issues in application to abusive/neglectful parents

- Even after an intensive period of intervention, some parents will show they cannot meet the needs of their children or have the motivation and/or capacity to change.
- If a high-risk parent is ordered to attend a parenting program it is vital that there is an assessment of change. Attendance without evidence of change does not change risk level.
- Parents who are mandated to a parenting program and not committed to making real change may show temporary changes that are not sustained.

# Assessment of potential-to-change

Involves the following steps:-

1. Assess family's current functioning
2. Set clear, well-defined and realistic goals for change
3. Provide a time-limited evidenced based intervention
4. Assess parent's response to intervention
  - Motivation and cooperation during intervention
  - Extent to which specific goals were met
  - Changes on standardised measures of functioning across ecological domains
5. Prepare clear and specific recommendations based on the results of the assessment

# Assessment of potential-to-change

It is important that the goals are:

- Arrived at collaboratively
- Mutually agreed
- Achievable
- Sufficiently meaningful to convince others that the changes, if achieved are significant
- Presented positively as an opportunity for the parent to work towards clear goals (as opposed to telling parents they have to “make some changes” without specifying what the changes should be).
- Lend themselves to being reliably measured to monitor change.

# Whose responsibility?

There is a trend for welfare agencies in Australia to fund community agencies to provide services for families

It is vital that there are clear lines of communication between the statutory agencies and a clarity of roles

E.g., whose role is it to assess potential-to-change?

Possible models:-

1. Refer families without a comprehensive assessment, including assessment of potential-to-change.
2. Ask community agencies to assess potential-to-change. This will involve feedback to the statutory agencies on the results, with the consequence of families potentially perceiving the community agencies to be agents of welfare, undermining their supportive role?.
3. Statutory agencies carry out the assessment of potential-to-change and refer once it is established that the families are motivated and have the capacity to benefit from community agency involvement. (Can this be done in a genuinely collaborative and non-adversarial spirit?).

## Liaison with adult mental health services

- A major issue is communication across agencies
- All parents involved in our pilot study have had significant mental health problems
- Unfortunately, these problem, while impacting on parenting, and inhibiting change, may not be seen as sufficiently serious to justify ongoing support from adult mental health services
- So, who will do this work???

## Liaison with adult mental health services

Adult mental health services also reluctant to accept referrals when there is a child protection issue, because of:-

- Confidentiality
- Fear of going to court
- Issue of assessment context (e.g., parents may be motivated to exaggerate problems to receive help, as opposed to minimise problems to avoid losing children)

# Timelines

- Children require a safe and nurturing environment for 18-years
- It is rare for psycho-social interventions to make life-long changes in individuals or families
- Is it realistic to expect any “program” to permanently shift the trajectory of the family towards a positive outcome?
- Intensive programs of intervention need to be embedded within ongoing support services that are not time-limited (given the cost of family breakdown and the effects of child maltreatment this has to be cost-effective)
- The timelines of statutory agencies and the court process may be unrealistic for the family – need flexibility

# Summary

- Currently evaluating a program specifically designed for high-risk parents with an abusive/neglectful sample
- The goal of involvement may often be to understand the family better and assess potential-to-change
- Thus the PUP program incorporates formal procedures for assessing potential-to-change
- Success in helping families achieve their goals must involve clarifying the roles of different agencies in helping parents with abuse/neglect issues
- Practitioners should not forget that systematic evaluation of individual families is a legitimate means of ensuring practice is evidence based, but will involve training.