The Helping Families Programme: A New Parenting Intervention for Children with Severe and Persistent Conduct Problems.

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Abstract

Background: Severe and persistent conduct problems in children during the primary school years are associated with school exclusion, increased risk of delinquency and early substance abuse. **Method:** Literature reviews and consultation with experts in the field were used to better understand the factors that contribute to severe and persistent conduct problems and to identify the principles and potential methods to be included in new intervention. **Results:** Grounded in an ecological perspective, an innovative, multimodal intervention, called the Helping Families Programme, has been developed. It uses a modular approach to systematically address parent behaviour, cognition and emotion across five key risk factor domains: parental mood and dysregulation; parent-child, family and school relationships; substance misuse; social support and networks; and managing life events and crises. **Conclusion:** Initial piloting of the Programme has offered early support for the potential value of the underlying principles and methods of the Programme.

Keywords: Parenting, conduct disorder, children, intervention, school

Background

Severe and persistent conduct problems during the middle and later stages of childhood are characterised by frequent and serious non-compliance, aggression, destructiveness and violation of social rules such as lying and bullying. Their severity and persistence is associated with the enduring presence of key child, family and social risk factors (Ferguson et al., 2005), which lead to highly problematic outcomes affecting emotional and social development, family functioning and peer relationships. They have a detrimental effect on academic achievement and increase the risk of school exclusion. As a result, children with severe and persistent conduct problems living in complex family circumstances are exposed to significantly elevated risk of future negative outcomes such as criminal activity, substance misuse and unemployment (Broidy et al., 2003) and more likely to be responsible for the significant social and economic costs associated with conduct disorder (Scott et al., 2001).

Numerous efficacious interventions are available to both prevent and treat conduct problems as they manifest during childhood through to adolescence (for review see, National Institute for Health and Clinical Excellence, 2006). However, a small but significant group of children and their parents, particularly those with severe and persistent difficulties living in complex family circumstances, do not participate in, or respond as expected to these interventions (Nock & Ferriter, 2005). With the aim of improving outcomes for this group of families, a research collaboration led by the National Academy for Parenting Research (NAPR), UK, and involving the University of Queensland and Griffith University, Brisbane, Australia, has developed an innovative

intervention for families with children aged 5 to 11 years old demonstrating severe and complex conduct problems that place them at risk of being excluded from school. The development of the *Helping Families Programme* has been guided by the Medical Research Council (MRC) framework for the development and evaluation of complex interventions (Campbell et al., 2007). This paper describes progress through the first three phases of the group's work including the methodology used to develop the Programme (Phase I), articulation of the Programme's underlying principles in intervention materials (Phase II), and the early experience of piloting the intervention (Phase III).

Phase I - Understanding the problem

Literature searches of *MEDLINE, PsychINFO* and other databases were conducted using key search terms including (i) *child, adolescent, family; (ii)* c*onduct problems, conduct disorder, risk factors to, externalising disorder/behaviour, behavioural problems; (iii) parent interventions; parent training, treatment methods, outcomes, parent intervention types;(iv) parental resilience, emotional regulation, mindfulness, recovery-oriented practice, goal setting, parental cognition/attributions; (v) treatment engagement, expectancies of treatment, treatment, barriers to, therapeutic relationship; (iv)treatment fidelity/integrity, therapist competence/competencies, treatment adherence.* Combined with further consultation with experts, we identified the latest findings about (i) the pathways that lead to severe and persistent conduct problems/disorder, and factors associated with their persistence and their amenability to change; and (ii) effective therapeutic methods to optimise families' participation and bring about change.

The results underlined that there is no single, specific causal pathway that inevitably leads to, nor maintains, severe and persistent conduct problems in children whose family is subject to complex living circumstances. Rather, current evidence consistently implicates a familiar set of child, family and social factors, such as early onset, attention and impulse control difficulties, harsh and uninvolved parenting, relationship conflict, parental substance misuse and mental health difficulties, social isolation and severe economic disadvantage (Rutter, Kim-Cohen & Maughan, 2006). The interplay between these factors is dynamic, the outcomes individually determined and difficult to predict (Cicchetti & Toth, 1997). Factors intrinsic to the child or present in the family environment appear to be more influential in moderating outcomes than factors in the wider environment, so that, for example, a parent's depressed mood reduces their ability to be emotionally available and consistent in their parenting, which maybe further exacerbated by conflictual family and school relationships.

Our reviews indicate that effective interventions for children experiencing persistent conduct disorder living in complex circumstances need to be multimodal, address key risk factors, and be systematically adjusted to the particular circumstances of individual children and families. We identified a number of promising manualised approaches such as the Parents Under Pressure Programme (Dawe & Harnett, 2007), Multi-Systemic Therapy (Henggeler et al., 2009), and Functional Family Therapy (Sexton & Alexander, 1999). However, while these approaches have a family focus and work with children with wide ranging behavioural problems, they do not specifically target those who are at

risk of primary school exclusion. Others included the individualised and indicated components of the complex and resource intensive US Fast Track program (Slough et al., 2008) and the group-based Incredible Years (IY) Advance and Extended programmes (Hutchings et al., 2009). The latter can be used with parents of older children but, in contrast to IY programmes for pre-school children, there is little evidence available yet about outcomes.

Phase I results also demonstrated that the risk factors above also detrimentally affect parent engagement and participation in interventions (Nock & Ferriter, 2005). Some factors, such as, socioeconomic status and poor living conditions are not amenable to change through psychosocial interventions. However practical barriers, for example, location, treatment expectancies, intervention format and the quality of the therapeutic alliance are potentially changeable (Lundahl, Risser & Lovejoy, 2006). The latter is particularly important as many families with complex psychosocial difficulties often feel highly suspicious of, and alienated from, services and practitioners (Barlow et al., 2005). We concluded that programmes aiming to work with potentially alienated and disaffected families need to incorporate *explicit* models for developing and maintaining effective relationships with marginalised families, such as the Family Partnership Model (Davis, Day & Bidmead, 2002).

Phase II - The Helping Families Programme

As a result of Phase I findings, the research collaboration agreed that the Helping Families Programme should seek to (i) address the complex multi-determination of

severe conduct problems and associated problems in school attendance; (ii) reduce, or at least stabilise, the compounding influence of specific risk factors; and (iii) reinforce the presence of specific protective factors. The Phase I results were used to better specify both the population for which the Programme was to be initially aimed (see Box 1) and a set of evidence based principles underpinning the Programme.

Insert Box 1 here

The underpinning principles of the Helping Families Programme are:

1. It is grounded in an ecological approach which assumes that key risk and protective factors have a fundamental impact on children's severe and persistent conduct difficulties and their parent's ability to achieve change.
2. It is strengths-based and future orientated. It is less focussed on why the family has arrived at their current situation and more focussed on what is necessary to enable them to change. This is reinforced by regular monitoring of the Programme's usefulness, practitioner effectiveness and progress towards agreed parent goals. Parents' behaviour, cognition and emotional regulation are the direct targets of the intervention. The Programme's intervention modules (see Figure 1) focus on specific risk and resilience factors that will increase parents' capacity to (i) develop and maintain warm and purposeful relationships with their children; (ii) manage the practical and emotional impact of crises and daily hassles successfully; (iii) manage stressful feelings that impact on interpersonal relationships with their children and others, such as teachers, and take up personal and family activities that improve wellbeing and sense of achievement; (iv) minimise any harm that arises from parental

use of drugs and alcohol; and (v) build a social support network that reinforces resilience and buffers against risk.

Insert Figure 1 here

3. Underpinning this approach, the Programme has a manualised core practice module derived from the Family Partnership Model (Davis, Day & Bidmead, 2002), which provides detailed guidance to Programme practitioners on the methods to fulfil the key set of inter-related tasks outlined in Figure 1. These tasks begin with building a purposeful partnership with parents becoming involved in the Programme, the exploration of their problems, strengths and circumstances and the assessment of issues such as risk. Guided by the development of a shared understanding between practitioner and parent about the way in which their present difficulties are maintained and the potential for change, the subsequent tasks are focussed goal setting, identification of potential intervention strategies drawn from parents' ideas and the contents of the Programme's intervention modules, guided implementation of the agreed strategies, review of goal attainment, partnership working and practitioner effectiveness and negotiating the Programme ending. Rather than assuming a linear connection between the tasks, we believe that a dynamic relationship exists in which the extent to which each task is addressed influences the nature and content of subsequent tasks. For example a poor partnership will hamper open exploration and understanding, whereas a more successful relationship will enable parents and practitioners to be more transparent about what and how their difficulties can be

addressed. The core practice module requires practitioners to continually demonstrate an explicit set of qualities, skills and procedures to engage and maintain goal-orientated partnerships with parents, which are outlined in Box 2.

Insert Box 2 here

4. The content and methods of the core practice and intervention modules use a range of evidence-based strategies and techniques, derived from cognitive, behavioural, social learning, relational, attachment and systems theories to develop individualised implementation plans, that are structured but non-sequential (Dawe & Harnett, 2007), accommodating the complexity and individual variation in families' needs and allowing for additional problems to be addressed as they emerge during the course of the intervention.

The intervention materials consist of a practitioner handbook and manual, and a parent workbook. Consistent with other treatment approaches for multiproblem families (e.g., Dawe & Harnett, 2006; Schoenwald et al., 2008) contact occurred over a minimum of 20 weeks, with the possibility of multiple contacts during each week. The Programme is delivered in the community, most frequently in the family's home, sometimes venues such as Children's Centres or even a local cafe, and engagement is facilitated by proactive and assertive outreach.

Phase III: Piloting the Programme

NAPR has funded a team of 3.5wte clinical researchers to pilot the Programme with a case series of 15 families. The target child in each family is aged between 5 and 11 years, who met the diagnostic criteria for Oppositional Defiant Disorder or Conduct Disorder as defined by DSM-IV (2000), who are currently or have been excluded from school in the past 3 months and/or are at risk of being excluded. The pilot study is examining the extent to which the Programme improves (i) child conduct problems, school attendance and parent goal attainment (ii) parents' emotional regulation, behaviour and cognitions; and (iii) parental personal, interpersonal and social functioning. Families complete a set of standardised measures reflecting these outcomes at the beginning of the programme, after 10 weeks and at its end. They also have the opportunity to take part in a semi-structured interview to better understand their experience of the Programme. The pilot study is currently in progress so that outcome data is not yet available.

The team has successfully embedded itself within two services, the Southwark Youth Offending and Camden Families in Focus. Practitioners within these services continue to offer routine support alongside the Programme. As the pilot has progressed, these services have increasingly and strongly endorsed the value of the Programme's manualised approach.

Fourteen of the children in the pilot are male, with a mean age of 9.2 yearrs (S.D. = 2.0). Thirteen (86.7%) of the households are headed by a lone mother. Thirteen of the children have been excluded from school on at least one occasion. Our experience has

convincingly affirmed the broader evidence that the pilot families are subject to the multiplicity of inter-related personal and family difficulties that impede their capacity to look after and parent their children effectively, which are the focus of the Programme. Enduring risk factors are the norm alongside the unremitting flux associated with insecure family circumstances and the demands of older siblings with more extreme behavioural difficulties. Some parents know about potentially effective parenting strategies but their wider difficulties routinely interfere with their ability to do so. Parents may also underestimate the difficulties faced by their children due to the problems with their older children. For example, one mother, whose 14 year old son was permanently out of school and had been arrested several times for possession of drugs and knives, saw her nine year old son as a 'delight'. His parent rated score on the Strengths and Difficulties Questionnaire (Goodman) was in the borderline range, although the child had features consistent with conduct disorder, being frequently aggressive, non-compliant and excluded daily from his classroom.

Many pilot families report having been through extensive assessments previously so that, when invited by Programme clinicians to describe how their lives are now, parents immediately become historically focussed, talking extensively about past circumstances associated with the current difficulties. The Programme encourages parents to concentrate on what they want to be different in their future and then to consider how current risk and resilience factors across the five domains of the Programme may help or hinder them in realising their goals. This enables parents and practitioners to identify areas for immediate and longer-term change based on an action orientated, rather than

historical, formulation. It appears that early successes and quick wins immediately give parents a sense of momentum and achievement that galvanises their involvement and active participation.

The core practice and intervention modules are designed to enable parents and practitioners to develop systematised, individual plans focused on attaining specific goals related to the specific risk and resilience factors addressed by the Programme. Of the Programme's five intervention domains, the management of family crises and daily hassles, known in the Programme as 'fire-fighting', is addressed in almost all sessions. Rather than crises becoming a distraction from the primary purpose of the intervention they become a therapeutic opportunity to successfully deal with the issues that persistently interfere with the attainment of parents' primary goals. This intervention domain was included in the Programme in response to the reality of working with families for whom crises and hassles are a constant reality. One mother had made between 8 and 20 phone calls to services each day over the previous 2 years. Now, having become more effective at priority setting, problem management and emotion regulation, she was calling less than once a week.

It was our original plan that families would initially receive 2-3 contacts per week, to facilitate engagement and change. However, none of the families have wanted contact more than once a week. They already have numerous services with whom they were in contact. For example, one family had 28 workers involved across 14 agencies. A paced,

incremental beginning adjusted to family need appears to be more effective than the more intensive approach originally envisaged.

Parents' narratives describe having frequently experienced services as hostile and persecutory, where greater credence has been given to practitioner opinions and priorities for change than those of parents and little offered to enable changes to occur. The core module's emphasis on partnership appears to enable parents to become genuinely involved in the development of their action orientated formulation, goals for change and the choice of intervention strategies available to them. Session attendance has been high, 94.3% of all sessions offered, and parents generally report high levels of satisfaction with their Programme practitioner. Sharing the process with parents encourages parents to develop stepped plans for change,, sometimes through routes not of the clinician's choosing but resulting in rapid goal achievement nonetheless. For example a mother, who wanted to be more consistent when her child was 'kicking off', chose to use activity scheduling to counter her mood and lethargy thereby allowing her to then parent more effectively rather than learning new parenting skills.

Next steps

Completion of the pilot will provide an opportunity to examine the degree to which the Programme successfully achieves its aims both in terms of parental engagement and outcomes. If successful, the learning from the pilot (to be reported via single case study analysis) will enable the Programme to be adjusted and adapted in preparation for a larger scale comparative evaluation.

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Inclusion criteria

- Child aged 5-11 years, with severe conduct disorder, at risk/currently school excluded.
- Child lives with participant parent.
- Family is subjected to at least one of the following risk factors:
    - Harmful substance use
    - Lack of satisfying and pleasurable activities with child/family
    - Inability to maintain a tolerant, stable and regulated mood
    - Lack of supportive family/social networks
    - Frequent family crises and events.

Exclusion criteria:

- Principal presenting problem of sexual abuse, pervasive developmental disorder or severe mental disability.
- Acute parental mental illness.
- Insufficient parental spoken English.
- Consent for school attendance records refused.

Box 1: Criteria for the Helping Families Programme

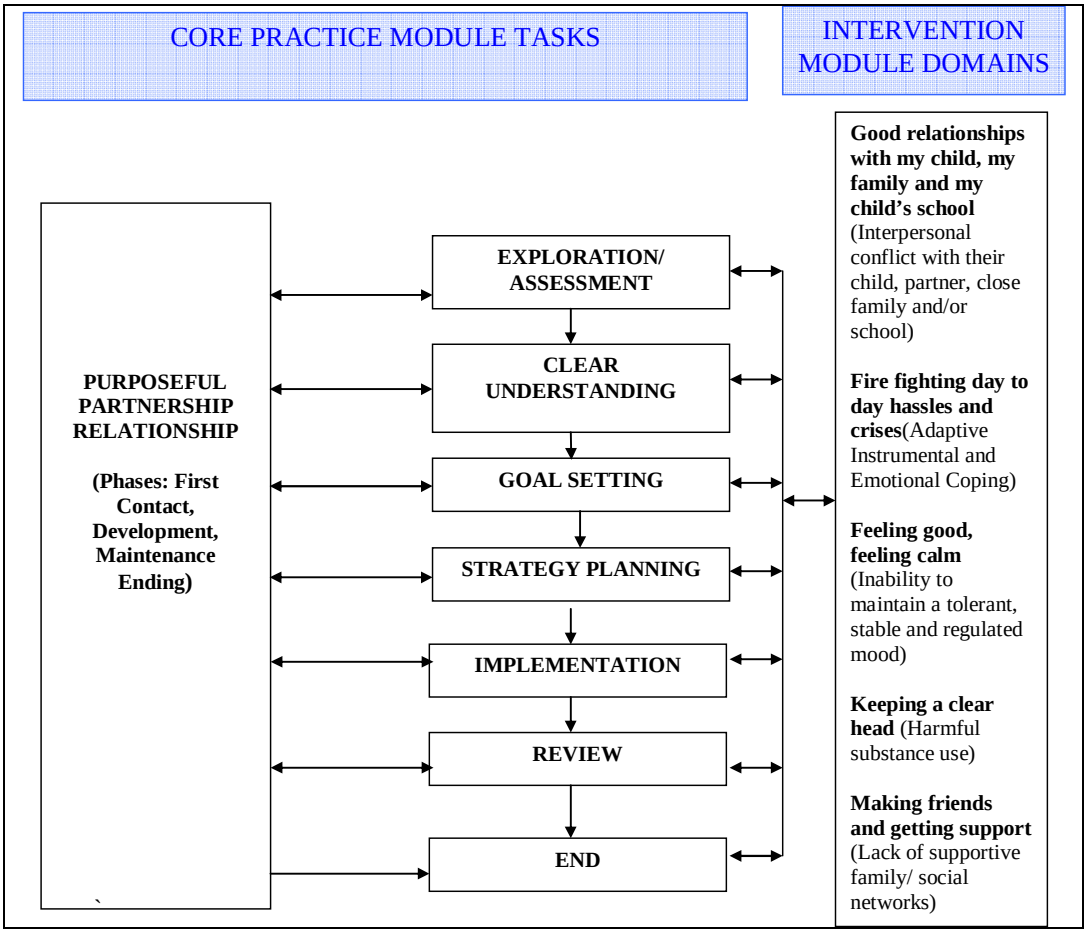

Figure 1: Helping Families Core Practice and Intervention Modules

Genuine respect for multi-stressed families living in complex circumstances	There is significant potential that parents for whom the Programme has been developed can feel criticised and judged by practitioners and seen as possessing, at most, limited strengths and abilities to change. Parents may be sensitive to a perceived lack of practitioner genuineness and authenticity. It is therefore important that HFP practitioners make a positive effort to identify and find value in the families' capabilities, resourcefulness and capacity for change
Humility about what HFP can achieve	Parents in multi-stressed families need HFP practitioners to be honest and realistic about what taking part in the Programme may achieve. Change will come about through the efforts of the parents supported by the practitioner. HFP practitioners guide and support change, it is the parents who achieve it.
Practitioner strength and integrity	Practitioners need the internal strength to listen to and explore, as well as accept and contain parents' feelings, behaviour and ideas. They need to be able to effectively manage the inevitable uncertainty involved in working with families in complex situations. This requires perseverance, hope, maintenance of purpose as well as the open and transparent management of risks, such as safeguarding, when they occur.
Intellectual and emotional attunement with parents	It is crucial that parents experience HFP practitioners as making a sincere and honest effort to understand the complexity of their lives, the difficulties they and their children face and the personal and emotional meaning it has for them. The capacity to do so helps disaffected and disenfranchised parents to develop a more connected and effective partnership with practitioners.
Resolute and quiet enthusiasm	Practitioners need to be able to communicate their hope and desire that the HFP will result in realistic success and achievements. This helps to galvanise and enthuse parents so that they become genuinely committed and involved in the Programme and able to persevere in the face of competing demands, crisis and chaos. Practitioners also need to communicate their enjoyment and interest in working with each and every parent and family.
Technical expertise and communication skills	The HFP demands that practitioners have very clear knowledge and abilities to help parents use the variety of techniques and approaches available within the Programme, such as social learning theory based methods, mindfulness, coping, cognitive, behavioural and relational strategies. To do so requires high level listening skills, the ability to communicate in an open, respectful and straightforward manner that is understood by parents, the ability to assist parents living in complex circumstances to focus on and work systematically towards specific, realistic goals and in doing so facilitate purposeful change.

Box 2: Helping Families Programme Practitioner Skills and Qualities