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

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The High Needs Project:
An international research collaboration

• High Needs project led by the National Academy for Parenting Practitioners (NAPP), UK, involving the University of Queensland and Griffith University, Brisbane, Australia

• Develop and test an innovative intervention for primary school aged children with severe and complex behavioural difficulties - the Helping Families Programme.

• Guided by the Medical Research Council (MRC) framework for the development and evaluation of complex interventions (Campbell et al., 2007).

• Undertaken literature reviews to better understand nature of severe and persistent conduct problems/disorder, amenability to change and effective interventions.
Severe and persistent conduct problems in middle childhood

- Frequent and serious non-compliance, aggression, destructiveness and violation of social rules such as lying and bullying.

- Highly problematic immediate, medium and long term personal, family and social outcomes and costs.

- Severity and persistence associated with enduring presence of key child, family and social risk factors and absence of resilience factors (eg. Ferguson et al., 2005).
  - Multiple causal and maintaining pathways, no single pathway.
  - Interplay between factors is dynamic, 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.
Current evidence on effective interventions

• The efficacy of treatments specifically designed for older children with complex and persistent difficulties is not well documented.
  - Individualised and indicated components of the US Fast Track program (Slough et al., 2008) - complex and resource intensive
  - Group-based Incredible Years (IY) Advanced/Pathfinder programmes - but little published evidence currently available about its outcomes.
  - Promising manualised multi-modal approaches for other age groups, such as PUP, MST, and FFT.

• Key risk factors have a detrimental impact intervention engagement and participation (Nock & Ferriter, 2005).
  - Many families with complex psychosocial difficulties are highly suspicious of, and alienated from services and practitioners.
  - Some risk factors, such as socioeconomic status and poor living conditions, are not amenable to change through psychological interventions.
The Helping Families Programme

- Potential for a new multimodal, ecologically based intervention for individual families with primary aged children
  - Primary outcomes: reduction in child behaviour problems & risk of school exclusion
  - Systematically address key risk and resilience factors associated with maintenance of severe and persistent conduct problems

- The intervention materials to consist of a practitioner handbook and manual, and a parent workbook.

- Contact with families planned to occur over a minimum of 20 weeks, with the possibility of multiple contacts during each week.

- The Programme will be delivered in the community, most frequently in the family’s home, and engagement is facilitated by proactive and assertive outreach.

- The HFP clinical research team (3.5wte) is successfully embedded in the Southwark Youth Offending & Camden Families in Focus.
HFP Manual: Structure, content and process I

• Manualised Core practice and five Intervention modules
  - Structured but non-sequential/non linear approach to reflect complexity and individual variation in families’ needs

• Assessment, formulation and intervention focuses on five key areas
  - Getting on with your child, close family and school (Interpersonal Conflict)
  - Fire Fighting stresses and demands (Adaptive Instrumental and Emotional Coping)
  - Feeling good, feeling calm (Emotion Regulation)
  - Keeping a clear head (Substance Misuse)
  - Increasing supportive and positive networks with family, school and community (Social Isolation/Negative Family & Social influences) (Parents Under Pressure, Harnett & Dawe, 2007)

• Core relational and goal orientated practice module
  - requires practitioners to continually demonstrate an explicit set of qualities, skills and procedures to engage and maintain goal-orientated partnerships with parents (Family Partnership Model, Davis, Day & Bidmead, 2002; Day & Davis, 2008)
HFP Manual: Structure, content and process II

- Strengths-based and future orientated.
  - Encourages parents to concentrate on what they want to be different in their future and how current risk and resilience factors may help or hinder them in realising their goals
  - Helps parents and practitioners together identify areas for immediate and longer-term change
  - Early successes and quick wins immediately give parents a sense of momentum and achievement that galvanises their involvement and active participation.
  - Regular monitoring practitioner effectiveness and parent goal progress.

- HFP Core and Intervention modules use a range of evidence-based strategies and techniques:
  - Cognitive, behavioural, social learning, relational, attachment and systems theories
  - Structured and individualised plans developed with parent(s)
  - Plan for additional problems to be addressed as they emerge during the course of the intervention.
Pilot research objectives

- **Hypotheses and Research Questions**
  - HFP will reduce the frequency and severity of child conduct problems and improve child school attendance
  - Parents will report improvements in parenting behaviour, emotional regulation and attributions
  - HFP will be an acceptable and feasible intervention

- **Method**
  - Quasi experimental case series using self report measures
  - Outcome data collected 3 time points: at beginning, 10 weeks and at end
  - Session measures
  - Qualitative interviews with clients, practitioners and service managers

- **Participants**
  - 15 families recruited to the HFP from Southwark Youth Offending Team/ Camden Families in Focus
Sample participant criteria

- **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 HFP key risk factors

- **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
Pilot measures

• Pre/Post Measures: Assessment, 10 weeks, End
  - School Attendance.
  - Alabama Parenting Questionnaire – Parent Form (APQ) (Shelton, Frick, & Wootton, 1996)
  - Difficulties in Emotion Regulation Scale - Modified (DERS) (Gratz & Roemer, 2004).
  - Parenting Cognitions Scale - Modified (PCS) (Slep, 1997)

• Session Measures: Each session
  - Goal Attainment Scale
  - Session Rating Scale
  - Outcome Rating Scale

• Timeline
  - Data collection from June 2009
  - Analysis January 2010
  - Results February 2010
Pilot sample characteristics

- **Parent Characteristics**
  - Parent age range 24-46 years, Mean = 36.4, SD = 7.6
  - 86.7% (n=13) households headed by lone mother
  - 38.5% (n=5) White British, 23.1% (n=3) Black British
  - All parents had elevated Alabama Parenting Questionnaire scores

- **Child Characteristics**
  - 93% (n = 14) male, 7% (n = 1) female
  - Child age range 5 years – 12 years, Mean = 9.2 (SD = 2.00)
  - 80% (n = 12) children reported at least one school exclusion, 7% (n = 1) have multiple class exclusions, 13% (n= 2) risk of exclusion.
  - 87% (n=13) met parent rated Total SDQ score caseness criteria
  - 9 yr old with borderline SDQ had been charged with robbery, 5 school exclusions, admitted to a residential facility, police called multiple times due to behaviour

- **Sessional information**
  - 106 sessions provided, 100 (94.3%) have been attended
  - 2 (13.3%) families have dropped out, both within 3 sessions. One child was taken into residential care, the other family has since asked to recommence HFP
The pilot experience so far ..........

• No families have wanted to receive the planned 2-3 contacts per week during initial engagement and quick win phase change.
  • Families already have plenty of services with whom they were in contact, 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.

• HFP’s emphasis on partnership does enable parents, who have frequently experienced services as hostile and persecutory, to become genuinely involved in formulation, goals for change and choice of intervention strategies.
  – This shared process has enabled parents to bring about stepped change, sometimes through routes not of the clinician’s choosing but resulting in rapid goal achievement nonetheless.

• ‘Fire-fighting’ actively assists the management of family crises and daily hassles, builds relationships and parent change.
Indications of change: Goal Attainment Scale

My third goal is: when I feel angry, to use self talk and time out to calm down

Not at all 1 2 Completely

My second goal is: When B is upset about school, I will support him by praise and talking things through

Mark on the line below how close you are to achieving your goal now:

Not at all 1 2 Completely

My third goal is: to have clear boundaries with mum seeing the kids (always be home)

Not at all 1 2 Completely
Next steps

• Completion of the pilot provides the chance to examine the degree to which the Programme successfully achieves its aims both in terms of parental engagement and outcomes.

• Current indications are positive for this multimodal, non-sequential approach.

• Using the MRC framework to plan intervention has been very helpful and resulted in a clearly articulated set of programme principles that aim to address key intervention areas.

• Preparations are underway for planning a comparative trial of HFP.