

# **Therapeutic interventions for anxiety, depression, trauma and disruptive behaviour**

An introductory guide for practitioners  
working with children and young people

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Published by Child and Family Training, 2018

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Child and Family Training Ltd Directors: Dr Arnon Bentovim, Fay Berry, David Glasgow, Phil Heasman, Carol Jolliffe, Stephen Pizzey and Carla Thomas. Registered in England and Wales. Company number: 7978935.

Registered Office: 54 Bootham, York, YO30 7XZ.

Cover design: Adrian Jefferies, Defining Design, [www.definingdesign.co.uk](http://www.definingdesign.co.uk)

Publication development: William Baginsky, In edit, [www.in-edit.co.uk](http://www.in-edit.co.uk)

CFT23.10.18HfCF-Tlanxdepintroguide

## 1.0 Hope for Children and Families Programme

Child and Family Training (C&FT) is a not-for-profit skills development and training organisation. It developed the *Hope for Children and Families* (HfCF) approach that aims to enhance effective work to promote the health, development and well-being of children, young people and families through building on strengths and overcoming difficulties using evidence-based resources. The development and production of practice resources (tools, instruments and practice guides) to support the key processes of assessment, analysis, decision-making, intervention, review and evaluation is an important feature of the HfCF approach.

## 2.0 Meeting anxiety, depression, trauma and disruptive behaviour in practice

Practitioners in social care, health, education and youth justice frequently work with children and young people presenting with symptoms of anxiety, mood disturbance, trauma and disruptive behaviour. These are the most common forms of mental health problems suffered by children and young people. They have been reported as occurring with great frequency, posing a considerable challenge to mental health services, with evidence of growing waiting lists and increasing levels of untreated self-harming behaviour.

Anxiety, mood, trauma and disruptive disorders are represented as separate categories. Each has a separate description (Fonagy *et al.*, 2015):

- **Anxiety Disorders** are defined as children suffering disabling fears and worries; anxieties may be general or specific fears, and may be associated with obsessional behaviours.
- **Depressive Disorders** are defined as children and young people suffering a pervasive mood change towards sadness or irritability, lethargy and pessimism, loss of interest or pleasure, with impairment of social or role performance. Children and young people are at risk of self-harming as a result of low mood.
- **Trauma – Post Traumatic Stress Disorder** – is defined as significant distress and/or functional impairment following exposure to a traumatic event associated with intense fear or horror, including intrusive recollection, avoidance, numbing and hyperarousal.
- **Disruptive Behaviour – Disturbance of Conduct of Children and Adolescents** – are initiated in childhood or adolescence and are defined as children and young people showing patterns of behaviour including angry/irritable mood, being argumentative, defiant or vindictive, having frequent loss of temper, being touchy and easily annoyed, resentful, argumentative and non-compliant. They may blame others for their own mistakes. Impairments in academic and social functioning follow. A **Conduct Disorder** is a more severe form of disruptive behaviour, including violation of other's rights, societal norms or rules, bullying, fighting, stealing, using a weapon, sexually harmful behaviour.

There are known contexts where there are particularly high levels of anxiety, mood disturbance, traumatic symptoms and disruptive behaviour, e.g. children and young people exposed to **physical, emotional and sexual abuse, neglect or exposure to violence, and to adversity, e.g. a parent who has died, separations, parental physical and/or mental illness and substance abuse**. The extensiveness and number of traumatic events and adversity

suffered by a child or young person predicts the severity of impact on their health and development, in a linear fashion, making it more likely they will show **emotional, traumatic and disruptive behaviour with associated subjective distress and anger**. The extensiveness of the responses shown by these vulnerable children represents a considerable challenge to services.

### 3.0 The limitations of recommended therapeutic interventions

In the UK, the NICE guidelines on Anxiety disorders (2016), Depression (2017), Post-traumatic stress disorder (PTSD) (2016) and anti-social disorders (2017) provides helpful guidance on which types of therapeutic interventions have been found to work with children and young people who have suffered anxiety, mood disturbance, trauma and disruptive behaviour.

There are extensive accounts in texts, e.g. *What Works for Whom. A critical review of treatments for Children and Adolescents* (Fonagy et al., 2015). Interestingly current research comparing different approaches to common mood disorders such as utilising psycho-dynamic, cognitive behavioural therapy or a support approach shows that all are effective, which raises the question of whether the therapeutic effect is related to the relationship made with the therapist rather than the specific treatment approach.

Alternately, there may be ‘common elements’ (effective therapeutic procedures) which are utilised in approaches across the theoretical models. This leaves practitioners and policy makers uncertain about the approach to take across services in health, education social care and youth justice on the approach to be trained and utilised in their services. Training can be difficult to organise when approaches are adopted with differing theoretical perspectives.

There is less guidance available on how to work with children and young people who present with overlapping problems, for example a young person who is presenting with disruptive behaviours, associated with significant mood disturbance and self-harming behaviour; a child who has traumatic symptoms following a road traffic accident and is also displaying generalised anxiety, depressive symptoms, and oppositional behaviour. If practitioners are being trained in a number of different manualised approaches focused on anxiety, mood, trauma or disruptive responses, it is challenging to negotiate between different approaches to fit the needs of the child and family who need a more complex response.

Practitioners, who are at various levels of experience and training, need to have an effective approach which can be trained widely so that the many children, young people and families who present to them with anxiety, mood disorders, traumatic responses and disruptive behaviour can be helped with an effective, evidence-based, trauma-informed approach.

### 4.0 A solution: the development of a multi-focal approach

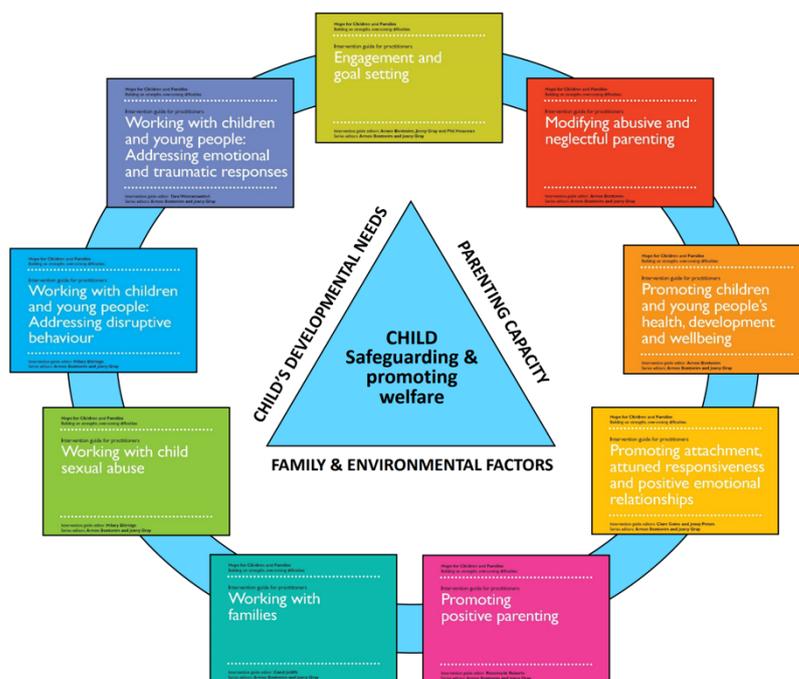
A solution is the awareness that although different categories of disorder have been described, they may be connected. For example, traumatic and adverse childhood events are associated with a broad range of responses. A variety of risk and protective factors – genetic, temperament, parental and familial stresses, neuro-biological responses – result in the particular pattern of symptoms, with a basic response of **internalising** – anxiety, depression and traumatic responses – and **externalising** responses – oppositional, challenging and disruptive behaviour. This is now referred to as a ‘transdiagnostic effect’.

Marchette and Weisz (2017) draw attention to the paradox that there are many focal treatment manuals for anxiety, depression, trauma and disruptive behaviour that are not used

widely in everyday practice, due to a failure to appreciate the reality of comorbid, co-occurring problems. They suggest the need for ‘*treatment approaches (multi-focal, rather than single focused) that can address multiple disorders and problem areas, capitalising on the benefits of manualised treatments and their supporting evidence while affording greater flexibility to meet the complex needs of youths and their families*’ (p. 271). **Common elements** approaches are described which address multiple forms of psychopathology and bring together **therapeutic procedures** commonly used for each (Chorpita & Daleiden, 2009). Components target disorders and problems, organised into menus of treatment procedures, to fit the needs of the individual. Chorpita and Weisz’s (2009) original **Modular Approach to Children with Anxiety, Depression, Trauma and Conduct (MATCH–ADTC)** is a highly effective treatment for common mental health problems of children and young people. It more effective than practitioners trying to integrate a variety of treatment approaches to meet the often-complex needs of children they are working with (Chorpita *et al.*, 2017).

**The Hope for Children and Families Intervention Resource (HfFC)** has been developed to prevent the recurrence of harmful and neglectful parenting and the associated impairment of children’s health and development, particularly mental health responses. It is based on the MATCH-ADTC approach and incorporates the modules from that approach which have been developed; targeting **internalising responses** (emotional and traumatic responses); and **externalising responses** (disruptive responses and conduct problems including sexual harmful behaviour). There are, in addition, modules to modify parenting and family responses, promoting children and young people’s development, attachments and overall well-being.

These elements are targeted at children, young people, their parents, children, and families. They aim to *engage and motivate; provide specific interventions for anxiety, depressed mood, traumatic symptoms, disruptive and sexually harmful behaviour, understand the historical and stressful aspects of family life; interrupt and modify harmful, dysfunctional family processes, promote secure attachments, positive parenting and the resilience of children and young people*. These elements have been integrated into modules, and a set of intervention guides structured around the **Assessment Framework** domains and dimensions.



Each guide focuses on a relevant theme, including briefing modules, a step-by-step guide to delivering an evidence-based intervention, scripts, guidance notes, activities, handouts for parents, and worksheets. Practitioners can choose approaches which fit with the specific needs of the children and families they are working with.

The HfCF approach equips practitioners to work with a range of situations at different levels of complexity. Practitioners can be trained through a series of workshops and coaching sessions designed with their organisation to be relevant to their working context. The approach is flexible and can be adapted and applied to a wide range of circumstances.

## 5.0 Introduction to the intervention guides for practitioners

Nine intervention guides for practitioners have been designed to meet the common patterns of parenting stresses or difficulties, including abusive and neglectful parenting, and the associated impairment of children and young people's health and development (Bentovim and Gray, 2016).

The guides include modules that are specifically aimed at intervening to help children and young people's specific symptoms of anxiety, mood, trauma and disruptive behaviour, and to modify harmful and dysfunctional parenting. There are modules aimed at improving and strengthening the resilience of children and young people's functioning through direct work, and through improving the context of their care, promoting positive parenting, secure attachments, and emotional responsiveness. This reflects the powerful finding that whilst it is essential to target symptoms, and harmful family processes, promoting resilient functioning and positive parenting capacity assures a better outcome, for physical and mental health.

- The guide, ***Engagement and goal setting***, is relevant for practitioners establishing the profile of the children, young people, parents and family's needs, to motivate the children and families to work with the practitioner, to establish shared goals and to agree a management plan. A ***Case Specific Record Form*** can be utilised to record findings and track progress.
- Two guides, ***Working with children and young people: Addressing emotional and traumatic responses*** and ***Working with children and young people: Addressing disruptive behaviour***, are relevant to children and young people who present with internalising and externalising responses, anxiety, mood, traumatic and disruptive behavioural responses.
- Four intervention guides relate to all children and families, ***Promoting positive parenting; Promoting attachment, attuned responsiveness, and positive emotional relationships; Working with families*** and ***Promoting children and young people's health, development and wellbeing***. They provide guidance for practitioners in their work with parents and the family as a whole to reinforce the direct work with children and young people through improving emotional relationships with parents and family members, promoting development, secure attachments, and collaborative peer and social relationships.
- Two intervention guides are more specifically focused on working with children, parents and families where abuse and neglect has been identified, ***Modifying abusive and neglectful parenting*** and ***Working with child sexual abuse***.

When working with a child and family, following a thorough assessment, the practitioner needs to establish the profile of strengths and difficulties in the child/young person's health and development, parenting capacity and individual, family and environmental factors.

An analysis is then undertaken regarding any impairments of the child's health and development/harm using the ***Assessment Framework model*** (the profile of harm).

Intervention modules need to be selected that relate to this profile in order to intervene to meet the identified needs of the child and family members, whilst ensuring the child is safe.

Generally, the practitioner needs to choose modules that:

- Engage effectively with children, parents and the family
- Provide psycho-education to help children and parents understand the nature and origin of the child’s presenting symptoms, and factors that are protective and require reinforcing, and those that are maintaining symptoms and require modifying
- Work directly with the child or young person, supported by their parents/carers, to modify and manage symptoms of anxiety, mood disorders, trauma and disruptive behaviour
- Work with parents and families with children to modify and interrupt harmful processes, and promote secure attachments, positive parenting, good quality emotional and physical care, and protection
- Work with children and young people directly to promote resilience.

## 6.0 Summary of the contents of the intervention guides for practitioners

### Engagement and Goal Setting

The aim of these modules is to engage with children and their families, establish a profile for intervention, goal setting, intervening and measuring progress. The two modules on engagement and goal setting provide a set of steps, associated scripts and worksheets to engage children and parents, and help the practitioner to set collaborative goals in light of the analysis, establish a plan of intervention, promote a sense of hopefulness, establish how progress is to be monitored and measured, and describe the consequences of success or failure.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><b><i>Engagement and goal setting</i></b></p> <p><b>This intervention guide describes the concepts and structure underpinning the Hope for Children and Families (HfCF) approach and introduces the initial stages of engagement and goal setting as applied to the practitioner’s own case.</b></p> <p>Before commencing a programme of intervention for a child and family it is essential to carry out a thorough assessment and analysis, establishing a profile for intervention.</p>	<p><b><i>Engaging children, parents and families: Promoting hopefulness</i></b> [ES-M1] begins with an initial meeting, involving the children and family: an orientation by the referring professional briefing the practitioner on concerns, strengths and difficulties, and a discussion of the practitioner’s understanding of the children and family’s challenges and the strengths and difficulties with which they will be working. It suggests how the practitioner can provide information to the child and family about why it may be helpful to work with the practitioner. It sets the scene for a specific discussion on goals, and how the practitioner will assess and monitor outcomes and feed this information back to the referrer.</p>

<p><b>A seven-stage model</b> of assessment, analysis, planning and reviewing interventions in child wellbeing and safeguarding contexts forms the basis of the process:</p> <p><b>Stage 1:</b> Consider the referral and the aims of the assessment</p> <p><b>Stage 2:</b> Gather assessment information on the child’s developmental needs, parenting capacity, and family and environmental factors</p> <p><b>Stage 3:</b> Organise the information using the Assessment Framework and a chronology</p> <p><b>Stage 4:</b> Analyse the patterns of strengths and difficulties</p> <p><b>Stage 5:</b> Make judgements based on a systemic analysis</p> <p><b>Stage 6:</b> Make decisions and develop a plan of intervention</p> <p><b>Stage 7:</b> Implement the plan of intervention, monitor and review progress.</p> <p>The Case Specific Case Record (CSIR) is designed to assist practitioners using the ‘Hope for Children and Families’ resources to think carefully about and to structure their work with a child, young person, parent or carer and then to record information relevant to each of the seven stages of involvement.</p>	<p><b>Goal setting</b> [ES-M2] assists in the process of establishing collaborative goals by exploring the children’s, parents’ and professionals’ views about goals that have arisen from the assessment, child protection or care plan (if relevant), and from previous discussions.</p> <p>A child and family agreement is developed, together with a family safety plan and a management plan acknowledging how progress on achieving the goals will be measured, and the consequences of not reaching them.</p> <p><b>The Case-specific information record is available at <a href="http://www.candft.org.uk/engagement">www.candft.org.uk/engagement</a> and can be downloaded for use with each case.</b></p> <ul style="list-style-type: none"> <li>• Strengths and difficulties are described, a baseline systemic analysis constructed to consider processes and their impact on the child’s health and development without intervention.</li> <li>• The likely response to intervention is considered, based on the parents’ capacity to respond to their children’s needs.</li> <li>• A focus for intervention can then be established using the contents of the intervention guides and the library of modules.</li> <li>• A plan and a framework for reviewing goals, goals to be achieved, tools to measure change and progress are agreed with the children and family.</li> </ul>
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### Working with children and young people

Two intervention guides consider work with children and young people:

- ***Working with children and young people: Addressing emotional and traumatic responses***
- ***Working with children and young people: Addressing disruptive behaviour***

These are the core guides working with children and young people who are presenting with problems of emotional and traumatic responses, and disruptive behaviour.

A complex range of factors in children’s development, genetic make-up, and temperament, parenting capacities and family factors result in children presenting with concerning levels of anxiety, mood disorders including self-harm behaviour, traumatic responses, and disruptive behaviour. These overlapping set of emotional and traumatic responses need to be responded to through use of a range of modules that help practitioners work with parents and carers to develop children and young people’s generic skills to manage their emotions, find safety and develop problem solving abilities. Specific anxiety, mood, traumatic responses, and disruptive behaviour need to be addressed once basic coping skills have been mastered.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><b><i>Working with children and young people: Addressing emotional and traumatic responses</i></b></p> <p>This guide describes work with children and young people to address the emotional, behavioural and developmental impairments associated with emotional disorders</p> <p>The focus is on working collaboratively with the child after an assessment process has been completed, and the profile of the child's needs established.</p> <p>Most of the modules are generic and useful for all children reflecting the trans-diagnostic nature of emotional disorders. Generally, they should be worked through in the order presented. These generic modules aim to provide the child with a toolkit of skills to help them manage their feelings, thoughts and behaviours. They are also useful to the practitioner in building relationships with children and helping engage them.</p> <p>There are three specific modules on anxiety, mood and</p>	<p><b><i>Developing a child-centred approach</i></b> [WR-M1] begins with the process of getting to know the child, building a relationship, conveying interest in the child and hope for the future, an understanding of how children feel and acknowledging the child's strengths and presenting difficulties and ends with establishing the child's goals as a result of the intervention.</p> <p><b><i>Psychoeducational intervention on the effects of maltreatment</i></b> [WR-M2] is concerned with helping children gain an understanding of how they have been affected by maltreatment, if exposed, correcting any misattributions or misperceptions, and developing a coherent story of what happened and why, which allows them to have a positive sense of self. This module may be adapted to address the common adversities children are exposed to who present with emotional disorders.</p> <p><b><i>Safety planning</i></b> [WR-M3] focuses on increasing the child's ability to maintain personal safety when there are known risks in the environment, understanding how to maintain their personal safety and developing, understanding and following a safety plan</p> <p><b><i>Coping skills</i></b> [WR-M4] helps children identify their usual ways of coping with stressors and provides them with suggested ways of coping more effectively.</p> <p><b><i>Relaxing and calming</i></b> [WR-M5] introduces the idea that staying calm and relaxing are good ways to affect the way we feel – especially when stressed out and tense. It demonstrates what relaxation feels like to children who have difficulty relaxing, increasing their awareness about their own tension so that relaxation skills can be applied at the proper time, and teaching the child to relax in certain situations (e.g. bedtime).</p> <p><b><i>Describing and monitoring feelings</i></b> [WR-M6] helps the child to describe, measure, and monitor their feelings to get a better appreciation of how feelings can be affected by different events in positive and negative directions.</p> <p><b><i>Activity selection</i></b> [WR-M7] helps the child learn about the connection between things we do and how we feel, and the link between positive activities and feeling good. The child is helped to identify activities they can do to improve their mood and schedule activities which make them feel good.</p> <p><b><i>Problem solving</i></b> [WR-M8] helps the child learn steps for effective problem solving, knowing how to generate ideas and possible solutions, apply these problem-solving skills to real life problems, and enable them to develop a greater sense of urgency and mastery in their life.</p> <p><b><i>Working with anxiety problems: Helping children who experience excessive anxiety</i></b> [WR-M9] helps children to understand what anxiety is and learn to differentiate between normal anxiety in situations of danger and excessive anxiety, and to identify situations that make them anxious and the way they respond. The child learns it is possible to reduce feelings of anxiety by changing how they respond to situations and understands how interventions can help.</p> <p><b><i>Working with mood problems: Helping children who present with persistent low mood or with depression</i></b> [WR-M10] helps children</p>

<p>trauma problems. These should be selected on the basis of the problem the child is experiencing.</p> <p>There is also an optional module on social skills if the child has difficulty with peer relationships.</p>	<p>understand more about mood problems and depression, that individuals can control their mood and feelings by changing how they act and think – to be optimistic about their situation and the likelihood of improving, and motivated and interested in participating in this improvement process.</p> <p><b>Working with trauma problems: Helping children who experience traumatic responses</b> [WR-M11] includes the following: Psychoeducation, parenting skills, relaxation, affect expression and modulation, constructing a trauma narrative, cognitive coping and processing, mastery of trauma reminders, and enhancing safety and parent-child settings.</p> <p><b>Developing positive relationships with family and friends</b> [WR-M12] introduces the importance of being positive in our interactions with others, teaches the child verbal and non-verbal social behaviours, provides the opportunity to practice new social skills and encourages the child to practice their new skills with others.</p> <p><b>Maintenance and building resilience</b> [WR-M13] reviews progress with the child and considers how it can be maintained, anticipating future challenges and how to address them.</p>
<p><b>Working with children and young people: Addressing disruptive behaviour</b></p> <p>This guide focuses on working with children and young people who are showing disruptive behaviour problems.</p>	<p><b>Education, talent and the “Good Life”</b> [WB-M1] helps children and young people recognise their ability to decide the personal characteristics and behaviours that they wish to form part of their future; assists them in identifying positive goals for the future so that they can work towards achieving a ‘Good Life’; enables them to identify and recognise the strengths and skills that they have to help them achieve their goals; and, encourages them to identify obstacles preventing them from achieving these goals and individuals in their lives who could form part of their positive supportive network.</p> <p><b>Young people coping with disruptive behaviour</b> [WB-M2] introduces a cognitive behavioural model to help children and young people understand their angry thoughts and feelings and analyse what happened to trigger their behavior, the behaviour itself and the consequences. It helps children and young people to understand the internal and external triggers which lead to the angry feelings and substitute other responses as an alternative to anger. It also provides parents with techniques to support their children when they are using these new, alternative responses to anger.</p> <p><b>Assertiveness training</b> [WB-M3] provides an alternative to aggressive behavior and helps in the development of pro-social behaviour. It enables children and young people to learn how to express needs or intentions appropriately, countering aggressive patterns of interaction by providing a substitute, using socially appropriate strategies to express feelings, stand up for themselves and disagree with others, and practise these in situations in which assertive strategies would be appropriate.</p> <p><b>Developing positive relationships with family and friends</b> [WB-M4] addresses self-presentation and developing relationships with friends and families, and social skills. It introduces the importance of the child or young person being positive in their interactions with others, teaching them verbal and non-verbal social behaviours and supporting them to practice these new social skills with others. This is part of the ‘Good Lives’ process.</p>

### Working with families

This intervention guide considers work with families: Working with the family as a group, and in various combinations is an essential skill for practitioners. The **Working with families** guide helps practitioners to engage with parents and children together to facilitate parent-child communication, and to work to interrupt and find alternatives to conflict within the family, and between the parents, and community.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><b><i>Working with families</i></b></p> <p><b>This guide helps practitioners work with families to manage conflict and dysfunction in family life associated with abuse and neglect.</b></p> <p>The goal is to help the practitioner promote a sufficiently stable family environment to enable children to develop and maintain organised attachments to caregivers to provide a ‘secure base’.</p> <p>By establishing a network of stable family and social contexts, a secure identity within family, cultural and social contexts can be fostered, despite stressful and potentially destabilising events.</p>	<p><b><i>Promoting healthy family functioning, family communication and problem-solving skills</i></b> [WF-M1] focuses on setting up family meetings, facilitating more positive parent-child communication, and creating a “communication hierarchy” so that difficult topics can be addressed, and teaching and practicing communication skills to improve positive relationships amongst family members.</p> <p><b><i>Helpful techniques to manage conflict and dysfunction in family life</i></b> [WF-M2] focuses on helping the family understand the origins of conflict arising within it or between the practitioner and community agencies, describing practice skills to deal with conflict, and establishing the nature of the issues that are causing conflict and developing a problem-solving strategy. Techniques including solution focused approaches, are described to work with the family as a whole, and with parental couples in conflict, exposing children and young people to violence.</p> <p><b><i>Support networking for families</i></b> [WF-M3] is aimed at identifying current sources of informal and formal support, helping promote relationships between family members and a potential supportive network, and helping the family develop sources of support, both formal and informal.</p>

### Promoting the development and well-being of children and young people

Three intervention guides consider work with parents in addressing different areas of parenting which are relevant for the practitioner working to help children presenting with emotional, traumatic and disruptive behaviour. The specific guide working to modify abusive and neglectful parenting is not described here but should be referred to if it becomes evident that the child’s symptomatic presentation is related to abuse and neglect which may not have been recognised. The module working with sexual abuse is not described here, but if during therapeutic work it becomes evident that the child has suffered sexual abuse or is demonstrating sexually harmful behaviour the relevant guide should be consulted.

- ***Promoting positive parenting***
- ***Promoting children and young people’s health, development and wellbeing***
- ***Promoting attachment, attuned responsiveness and positive emotional relationships***

Modules in these guides specifically focus on helping parents to develop skills in positive parenting, promoting more secure attachments through one on one activities, and helping them to promote their children’s play, language and educational attainments, as part of a programme to help their children and young people’s concerning emotional, traumatic and

disruptive responses. The parenting approaches can be adapted for foster, adoptive, and residential carers.

GUIDES FOR PRACTITIONERS	MODULES
<p><b><i>Promoting positive parenting</i></b></p> <p><b>This guide includes six modules that focus on helping parents understand the factors that lead children to behave in a disruptive fashion, to misbehave, and to find ways to turn this around.</b></p> <p>The aim is to understand factors associated with the development and maintenance of negative behaviour and to introduce a number of different approaches to improve the behaviour through positive approaches.</p>	<p><b><i>Understanding children’s difficult behaviour</i></b> [PP-M1] focuses on understanding the causes of difficult behaviour, factors which contribute to it, how these factors link to the family and caregiver; understanding the situational context; and the importance of consistency and difficulties in maintaining it.</p> <p><b><i>Praise and positive attention</i></b> [PP-M2] addresses the value of praise; the concept that behavioural responses (positive or negative) are reinforced through attention; and that praise is a tool which increases behaviours which are most desired.</p> <p><b><i>The use of attention and ignoring</i></b> [PP-M3] describes ways in which unwanted behaviours are sometimes inadvertently rewarded through the child gaining attention; how to withdraw attention from mildly inappropriate behavior – e.g. complaining, whining, reassurance seeking – whilst increasing attention for more appropriate alternatives; and helping parents to feel comfortable about using these skills.</p> <p><b><i>Giving effective instructions</i></b> [PP-M4] addresses the value of giving effective instructions to children; the risk of ineffective instructions leading to a cycle of conflict; and provides opportunities to practise.</p> <p><b><i>Rewards</i></b> [PP-M5] explains the value of using rewards to manage children’s behaviour and describes ways of using different rewards systems.</p> <p><b><i>Shaping challenging behaviour</i></b> [PP-M6] describes using the following: reward systems to shape challenging behaviour; consequences and sanctions; time out; an externalising approach to manage behaviour (“Defeating Temper”); and solution-focused approaches.</p>
<p><b><i>Promoting children’s and young people’s health, development and wellbeing</i></b></p> <p>The guide presents parents with information about children’s development, including how the brain develops.</p> <p>It is intended to help parents understand how children develop at different stages throughout their childhood, as well as help them to understand their parenting role, and be able to respond</p>	<p><b><i>Developing a capacity to identify and understand children’s physical and emotional needs</i></b> [PW-M1] begins by helping to ascertain the parents’ concerns and their knowledge about child development in general, and then discussing factors that influence children’s development, and how these factors may have affected their children. It helps parents identify the particular challenges of each stage of development and consider what types of parenting best helps children at each of these stages.</p> <p><b><i>Promoting early development</i></b> [PW-M2] and <b><i>Promoting later development</i></b> [PW-M3] provides parents with approaches to foster their children’s early and later development. They help parents/caregivers develop the capacity to promote age-appropriate development throughout children’s lives by providing specific support to develop their speech, language and communication skills. They give parents direct experience</p>

<p>to their children’s needs, and promote their health, development and wellbeing, throughout each stage of childhood.</p>	<p>of facilitating their child’s development, and of how to promote this in the home.</p> <p><b>Ensuring safety and preventing harm</b> [PW-M4] involves reviewing with the parents the child’s history of accidental and non-accidental harm where relevant and discussing safety precautions; reviewing the safety of the child’s environment (internal and external); and helping the parents deal with hazards both in the home and external to it.</p> <p><b>Providing good quality basic care</b> [PW- M5] establishes a profile of the pattern of care and the home conditions. It creates a clear picture of the pattern of the children’s care over a 24-hour period before agreeing goals with the parents to improve the quality of their care, where this is of concern, and then initiating a plan of intervention and assessing its effectiveness.</p> <p><b>Nutritional care: Weight faltering and failure to thrive</b> [PW-M6] supports families to improve their children’s feeding, increasing their calorie intake where necessary. It facilitates discussions about the possibility of addressing weight faltering and failure to thrive as part of an approach to dealing with a general picture of neglect, or alternatively its links with pronounced food refusal or highly stressful mealtimes when there may be ‘highly aversive’, emotionally abusive interactions.</p>
<p><b>Promoting attachment, attuned responsiveness and positive emotional relationships</b></p> <p>This guide stresses the importance of the secure attachment; explains the nature of secure and insecure attachments; and helps practitioners to identify the nature of the attachment between the parents and infant, growing child and adolescent; understand the factors which have led to insecure or disorganised attachment responses; and help to modify these responses.</p>	<p><b>Promoting attachment, attuned responsiveness and positive emotional relationships: Younger children</b> [PR-M1] focuses on helping parents understand what attachment is; identify attachment behaviour; understand the balance of the need for security and the need to explore; and intervene when ‘disorganised’ attachments have occurred.</p> <p><b>Promoting attachment, responsiveness and positive relating with older children: One-on-one time</b> [PR-M2] helps parents understand the way attachments develop for older children; observe their older children and comment on their activities, play and achievement, increasing the amount of positive attention, and see that reinforcing positive behaviour is an excellent way of managing behaviour and supporting the process.</p> <p><b>Promoting attachment, attuned responsiveness and positive emotional relationships with adolescents</b> [PR-M3] focuses on helping parents understand the way attachments develop during adolescence; observe their responses and understand how apparently challenging behaviour can represent attachment needs; and support them to increase the amount of positive attention.</p>

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