A Sisyphean Task: In the endless challenges of working with multi-risk families, what works?

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Who are we talking about?

- Parents of infants and children where there are ongoing care and protection concerns
- Parents who retain custody of their children
- What are some of the typical problems?
- *Fundamental dynamics within the family, and between the family and their contexts, which are stable despite a sense of ongoing chaos*
Background

• Most children who are abused and neglected remain with their families of origin long-term
• Most of these children have a range of poor outcomes
• Most parents with ongoing involvement with MVCOT (formerly CYF) receive or are referred to some form of parenting intervention
• What is the evidence for the effectiveness of these parenting interventions, with this population?
• Pertinence for Māori
Questions for the audience

• What sorts of interventions do we deliver?

• What sorts of interventions get delivered to parents by other professionals and para-professionals?
What is the evidence base for these?

• For Triple P?
• For Incredible Years?
• Generic/non-specific?

Three key issues:
1. Poor/no evidence for efficacy with target population
2. Participation and retention very low for parents with multiple problems
3. Experience tells us that IY/Triple P “don’t touch the sides” for some families, even when parents complete
Literature Search

What is the evidence for parenting interventions targeting maltreating parents where *actual abuse and neglect outcomes are measured*?

Articles needed to include the target population (not just “high risk” due to low SES etc), and measure abuse & neglect objectively, NOT via psychometrics or other associated measures.
Results

8 articles that fit criteria
• Project Safecare
• Nurse Home Visiting (didn’t work)
• Project Support
• Parent-Child Interaction Therapy
• Promoting First relationshiops
• Generic parenting intervention South Africa
• Nurturing Parenting Programme
• Multi-systemic Therapy – Child Abuse and Neglect
Practice Principles from the literature

- Interventions that are focused on interactions (rather than parental psychopathology) are better
- Attachment representations moderate effect
- ↑parents’ understanding of child emotions & behaviours
- Focus of session on child needs not parent needs
- “Interpersonal environment” for children that supports regulation
- Interactive, videotaping is good
- Home visits
- Number of visits (Goldilocks rule)
- Sufficiently skilled clinicians
- Trusting relationship
Other, relevant studies

- Principles of intervention for attachment-based interventions for child maltreatment
- Harnett et al. looking at response to intervention to predict likely further abuse
- Wraparound services - SUPERU
- But NO studies are looking at the mechanisms for change for particular types of families – RCTs can’t figure this out
Conclusions

- PCIT is the only parenting intervention that shows efficacy for this population where replication has occurred, and can still only be considered “probably efficacious”
- There are a number of challenges to implementation of these e.g. parent retention, culturally inappropriate, clinic-based
- Yet practitioners need to continue to implement interventions adhering to best practice principles, and we know that change can occur for some families
- But, what’s the difference between families that change and those that don’t?
What do we want? Well-designed studies! When do we want them?

Well, the wheels of academia turn slowly...

Within-subject, long-term case studies allow for a fine-grained examination of the mechanisms by which change occurs within a family system. This means we need to draw on:

- Behavioural approaches & research designs
- Understanding & addressing the intergenerational transmission of trauma
- Ecological systems theory
- Whānau Ora-type wraparound principles; boots on the ground social work
- Sufficiently long-term & intensive involvement
- Results-based accountability: measures that MATTER (this child in this family)
References


References


