COMPETENT PARENTING IN THE CONTEXT OF FAMILY ADVERSITY, DISRUPTION AND CHANGE

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ACKNOWLEDGEMENTS:

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Far too many children live in a world of uncertainty, chaos, and family violence.

How can Triple P help parents when adversity disrupts normal family life?

- Family violence
- Relationship breakdown
- Intergenerational poverty
- Family disruptions
- Traumatic events
1. The key topics to be discussed:

- Defining trauma in childhood
- Defining trauma informed care as it pertains to childhood recovery
- The link between trauma recovery and parent interventions, specifically exploring how Triple P as a parenting intervention aligns with trauma-informed care
DEFINING TRAUMA

Origin

- 1690s: from Greek, literally "physical wound, "a wound, a hurt; a defeat,"
- with derivatives referring to twisting, piercing

- Sense of "psychic wound, unpleasant experience which causes abnormal stress" is from 1894.
DEFINING TRAUMA

• Events that
  - overwhelm the ordinary human adaptations to life
  - generally involve threats to life or bodily integrity
  - close personal encounter with violence and death

• Can be a single event, series of events or set of circumstances

• Complex trauma - usually severe, sustained and perpetrated by one human being on another
DEFINING TRAUMA

- Stressor – (primary appraisal – the act of assessing; often happens implicitly and likely happens as cues are taken from the physical and psychological effects)

- Stress – the effects of stress on the person and in systems

- Coping – (secondary appraisal – can I respond; how will I respond – what resources do I have available to me)
DEFINING TRAUMA

- Ways of coping checklist - Scale 4: Seeking social support

  - Talked to someone to find out more about the situation
  - Talked to someone who could do something concrete about the problem
  - I asked a relative or friend I respected for advice
  - Talked to someone about how I was feeling
  - Accepted sympathy and understanding from someone
  - I got professional help
ADVERSE CHILDHOOD EXPERIENCES (ACE)

- Adverse Childhood Experiences (ACE) study (Felliti & Anda, 1998):-Classifies Childhood Trauma into 10 categories
  - Abuse of child:
    1. Emotional abuse
    2. Physical abuse
    3. Contact sexual abuse;
  - Trauma in child’s environment:
    4. Exposure to alcohol or other substance abuse
    5. Mental illness or suicide in household member
    6. Violent treatment of mother or step-mother
    7. Criminal behaviour in the household
    8. Parental separation or divorce (Anda et al., 2006, p. 176).
ADVERSE CHILDHOOD EXPERIENCES (ACE)

- Neglect of child
- 9. Abandonment
- 10. Child’s basic physical/emotional needs unmet

- ACE International Questionnaire (ACE-IQ) is a WHO measure of ACEs in all countries but also includes peer violence, community violence and collective violence

- Early Childhood trauma – 0-6 years includes interpersonal; accidents; natural disasters; war and civil unrest; medical procedures and sudden loss of parent/caregiver
# Prevalence Figures Using ACE (Centre for Disease Control and Prevention, 2016)

<table>
<thead>
<tr>
<th>ACE Type</th>
<th>Percentage (Based on US n=17000 Adult Sample)</th>
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<tbody>
<tr>
<td>Parental substance use</td>
<td>29.5%</td>
</tr>
<tr>
<td>Childhood physical abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td>24.5%</td>
</tr>
<tr>
<td>Separation/Divorce</td>
<td>24.5%</td>
</tr>
<tr>
<td>Household member with MI</td>
<td>23.3%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>16.7%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>13.7%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>13.1%</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>9.2%</td>
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<tr>
<td>Incarcerated household member</td>
<td>5.2%</td>
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2/3 sample reported 1 ACE; 1:5 reported 3+>
ACE Score is a total count of the number of adverse childhood experiences reported by respondents.

ACE Score assesses the amount of stress during childhood (to the age of 18 years).

As the number of ACE increase, the risk of health problems increases in a strong and graded trajectory.
ADVERSE CHILDHOOD EXPERIENCES (ACES) AND LIFE COURSE OUTCOMES

Types of ACE’s

ABUSE
• Physical
• Emotional
• Sexual

NEGLECT
• Physical
• Emotional

HOUSEHOLD DYSFUNCTION
• Mental Illness
• Incarcerated relative
• Mother treated violently
• Substance abuse
• Divorce

A person with 4 or more is....

• 12.2 times as likely to attempt suicide
• 10.3 times as likely to use injection drugs
• 7.4 times as likely to be an alcoholic
• 2.4 times as likely to have a stroke
• 2.2 times as likely to have ischemic heart disease
• 1.9 times as likely to have cancer
• 1.6 times as likely to have diabetes
A LOCAL EXAMPLE OF THE USE OF ACE

- Department of Community Paediatrics, Sydney & South Western Sydney Local Health Districts sought to improve the identification of Adverse Childhood Experiences in developmental clinics

- Half the children (N=77) attending developmental clinics in metropolitan Sydney have ACE identified, 10% have significant burden of early life adversities

- The ACE checklist may be a valuable adjunct to paediatric clinics, to improve identification and support for socially at-risk children
TRAUMA EFFECTS

• Lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing

• Degree of risk of experiencing multiple and complex negative outcomes following traumatic experiences influenced by:
  
  - age at which the experience/s occurred,
  - nature of the experience/s (with negative effects being particularly associated with trauma of an interpersonal nature such as child abuse and neglect),
  - severity and chronicity of the experiences
  - pre-existing risk developmental /family vulnerabilities or past traumas

(Cozolino, 2010; Herman, 1992; Kisiel et al., 2014; National Scientific Council on the Developing Child, 2014 [NSCDC]; Resick et al., 2012; van der Kolk et al., 2005). As noted by Cozolino (2010):
A MODEL OF TRAUMA INFORMED CARE

A model for TIC

RECOVERY GOALS

HOPE  SAFETY  CALM  SELF-EFFICACY  CONNECTED

TRAUMA-INFORMED CARE PRINCIPLES

TRAUMA AWARENESS  PROMOTE SAFETY  REBUILD CONTROL  PROMOTE CONNECTION  FOCUS ON STRENGTHS  BELIEF IN RECOVERY
TRAUMA INFORMED MODELS OF CARE

• Relevant key principles of a trauma-informed approach:

  - Safety
  - Trustworthiness and transparency
  - Collaboration and mutuality
  - Empowerment, voice and choice fostering recovery and healing.
  - Cultural, historical and gender issues incorporating processes that are responsive to the cultural needs of clients.
(a) Attachment - developing a secure base

- Positive, secure relationships between infants and caregivers forms the template for secure adult interpersonal relationships
- Disruption to the relationship or insecure attachment is a fundamental mechanism by which childhood trauma affects adult self-concept, wellbeing and interpersonal relationships
- Trauma-informed care systems facilitates the development of new models of the self and relationships
(b) Self-regulation and control

- Promote environments and relationships that facilitate positive affect regulation or "modulation":
  - self-regulation,
  - safety,
  - security
  - sense of control
  - mastery of their environment
  - modulate their emotional reactions to traumatic stimuli.
THEORETICAL BASIS OF TRAUMA-INFORMED MODELS OF CARE

(c) Fundamental attribution error - overestimating the personal characteristics, underestimating situational factors

Creating new environments of support, and opportunities for amending “trauma scripts” are important
INTEGRATING SAFETY, STABILITY AND WELL-BEING: PRACTICE LEVEL

Monitor progress for reduced symptoms and improved child/youth functioning

Promotion of healthy relationships

Case planning focused on child and family outcomes

Access to evidence-based interventions to addressing social and emotional needs

Improving on child- and family-level outcomes
Intensive interventions
Targeted social and emotional supports
Stress reducing and developmentally appropriate environments
Safe, supportive and responsive relationships
Knowledgeable and effective workforce

Assessment driven individualized treatment plans
Systematic approaches to teach social skills, coping skills, emotional regulation skills
Nurturing environments provide security and promote positive outcomes
Supportive and responsive relationships to facilitate growing social and emotional skills
Systems and Policies Evidence-based interventions and progress monitoring

ADAPTED FROM THE TECHNICAL ASSISTANCE CENTRE ON SOCIAL EMOTIONAL INTERVENTION FOR CHILDREN AND THE CENTRE ON THE SOCIAL EMOTIONAL FOUNDATIONS FOR EARLY LEARNING AS PRESENTED AT THE HFC 2015
A NOTE ABOUT FORMULATION IN RELATION TO PARENTING AND TRAUMA

• Developing a shared understanding of what is happening, why it is happening and what can be done about it

• Need to determine:-
  - The nature of the trauma
  - Who is traumatised
  - The trauma zone
THE TRAUMA ZONE

Child’s exposure to trauma – outside the parent-child system

Perpetration of trauma from within the system

Parent’s current and past history of trauma
Parent’s personality and mental health history
PARENTS AND THE MITIGATION OF TRAUMA EFFECTS

• Parents can have significant impact on children’s trauma
• Parents’ level of distress in relation to child’s trauma is contained
• Parental support

NON-OFFENDING PARENT IS TYPICALLY THE CHILD’S PRIMARY SOURCE OF SAFETY, SUPPORT AND GUIDANCE

• Parenting skills as a component of TF-CBT

(Cohen & Mannarino, 2015 – TF-CBT for children and families)
STRESS DISRUPTS PARENTS CAPACITY TO SELF REGULATE

- Stress on caretaking as a risk factor – when parent and child are in condition of “perceived threat” associated with heightened emotion

  - Impinges on sensitive caregiving
  - Lack of positive involvement
  - Erosion of warmth
  - Harsh, inflexible, rigid, inconsistent discipline;
STRESS DISRUPTS PARENTS CAPACITY TO SELF REGULATE

- When routine activity is impeded (Karoly, 1993) more deliberate attention is required to re-formulate
  - behavioural goals
  - caregiving responses
  - alternative social interactional explanations for their own and their child’s behaviour

- Intervention is the deliberate attention that is being provided
STRESS EFFECTS

Positive
- Brief increases in heart rate,
- Mild elevations in stress hormones

Tolerable
- Serious, temporary stress response
- Buffered by supportive relationships

Toxic
- Prolonged activation of stress response systems
- In the absence of protective relationships
## TRAUMA INFORMED PARENTING

<table>
<thead>
<tr>
<th>Essential Elements of Trauma-Informed Parenting:</th>
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<tbody>
<tr>
<td><strong>Recognize the impact trauma has had on your child</strong></td>
<td><strong>Help your child to develop a strength-based understanding</strong></td>
</tr>
<tr>
<td>Help your child to feel safe</td>
<td>Be an advocate for your child</td>
</tr>
<tr>
<td><strong>Help your child to understand and manage overwhelming emotions</strong></td>
<td><strong>Promote and support trauma-focused assessment and treatment for your child</strong></td>
</tr>
<tr>
<td>Help your child to understand and modify problem behaviors</td>
<td>Take care of yourself</td>
</tr>
<tr>
<td>Respect and support positive, stable, and enduring relationships in the life of your child</td>
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OPTIMAL PARENTING

- Has a clear sense of purpose
- Knows what behaviours, skills and values to promote as a parent
- Has realistic expectations
- Self-monitors automatically, rather than consciously or deliberately
- When personal standards/values are violated brings her current behaviour under personal control
- Tunes into own actions and searches for explanations
- Uses knowledge to develop plans
- Carries out plan and revises as needed
- Expects to bring about good outcomes
- Is reflective, capable of identifying strengths and weaknesses, without being unhelpfully self critical
- Reflections increase self efficacy
- Mostly enjoys the process
TRIPLE P AND TRAUMA INFORMED PARENTING PRACTICE

• Seeks to facilitate change in a caregiver's view of themselves as confident and competent, equipped to respond sensitively to support child’s development by:
  - Enhancing knowledge, skills and confidence, self-sufficiency and resourcefulness
  - Promoting nurturing, safe, engaging, non-violent and low conflict environments
  - Promoting children’s social, emotional, language, intellectual and behavioural competence
THE UNDERLYING PRINCIPLES

1. Safe, interesting environment
2. Positive learning environment
3. Using assertive discipline
4. Realistic expectations
5. Taking care of self
SELF-REGULATION FRAMEWORK

Parental Self-regulation

- Self-management
- Self-efficacy
- Personal agency
- Problem solving
- Self-sufficiency
THE BEHAVIOURAL ACTIONS OR SO-CALLED CORE STRATEGIES

Promoting good relationships
- Spending time with children
- Talking to children
- Affection

Encouraging good behaviour
- Praise
- Attention
- Interesting activities

Teaching new skills and behaviours
- Setting a good example
- Incidental teaching
- Ask-say-do
- Behaviour charts

Managing misbehaviour
- Ground rules
- Directed discussion
- Planned ignoring
- Clear, calm instructions
- Logical consequences
- Quiet time
- Time-out
RETURNING TO OPTIMAL PARENTING

- Aims to promote:
  - Sensitivity
  - Acceptance
  - Accessibility
  - Maternal anxiety
  - Warmth
  - Expressiveness
  - Patience
  - Encourages competence
  - Encourages academic achievement
RETURNING TO OPTIMAL PARENTING

- Task-related behaviour
- Gives responsibility
- Encourages decision-making
- Encourages pro-social values
- Encourages moderate self-regulation
- Avoids disciplinary confrontation
- Control methods
- Decisive vs Indecisive discipline
- Encourages dependence
- Role differentiation
# The Translation From Principles To Strategies

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<thead>
<tr>
<th>Dimension</th>
<th>Features</th>
<th>Strategy</th>
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</table>
| Sensitivity                | Parent is supportive presence  
Parent tries to see things from the child’s point of view  
Parent is non-intrusive | Positive Learning Environment  
Quality Time, Talking and Showing Affection |
| Acceptance                 | Enjoys spending time  
Interested in child’s ideas and feelings  
Avoids critical attitude | Descriptive praise, positive attending, incidental teaching |
| Task-related behaviour     | Provides leadership during joint tasks  
Skilful in setting up environment | Teaching new skills and behaviours |
| Avoids disciplinary confrontation | Is prompt and decisive  
Gives clear reasons for requests or rules | Assertive discipline  
Avoiding the escalation trap  
Clear calm instructions |
TRIPLE P PROGRAMS AND VARIANTS

- Family Transitions Triple P
- Indigenous Triple P
- Pathways Triple P
- Standard Triple P
- Group Triple P
- Enhanced Triple P
- Stepping Stones Triple P

Triple P Programs
• Enhanced Cognitive Behavioral Family Intervention
• 9-week group program with
• Weekly 2-hour sessions (Sanders & Pidgeon, 2005).
• At the beginning of the program, parents asked to set relational goals for change in their child’s and their own behavior.
• The first four parent skills sessions addressed 17 core parent strategies presented to parents in the context of discussing the importance of children having a warm, predictable, and secure environment for their development and that some child emotional and behavioral problems develop when this is not available to children.
The four PTP sessions support parents in identifying beliefs and intergenerational influences that often lead to negative interactions with children (Sanders & Pidgeon, 2005).

Exercises assist parents to understand the impact of their beliefs and behavior on their child’s feelings and the quality of the parent-child relationships.

Cognitive behavioral therapy targets the identification and understanding of negative emotions and the possible impact of these on parenting.
PATHWAYS TRIPLE P-POSITIVE PARENTING PROGRAM RESULTS

![Graph showing results for different domains including Attachment, Involvement, Confidence, Relational Frustration, CBCL Internalising, CBCL Externalising, and Overreactivity. The graph compares Pre, Post, and 3/12 FU measurements.](image)
PATHWAYS TRIPLE P-POSITIVE PARENTING PROGRAM
SOME CONCLUSIONS

• Improvement in parent-child relationships

- parent-child attachment,
- parenting confidence
- involvement,
- blame and intentional attributions for child disruptive behaviour,
- dysfunctional discipline practices and for reducing externalizing behaviour problems.
Disaster Recovery Triple P
Cobham, McDermott & Sanders (2011)
- 2 hour, large group seminar
- Information and advice on how parents can help children cope with the disaster experience
- Identify commonly encountered problems
- Create positive realistic expectations for recovery
- Answering children’s questions
- Review of parent traps
- Specific parenting strategies
- Take home tip sheet
RESEARCH: CHILD MALTREATMENT AND POVERTY

• Catherine Ward (University of Cape Town, South Africa), Matthew R. Sanders (University of Queensland, Australia), Frances Gardner (University of Oxford, UK), Christopher Mikton (World Health Organization), Andrew Dawes (University of Cape Town, South Africa) Preventing child maltreatment in low- and middle-income countries In Child Abuse & Neglect 54 (2016) 97–107
TO SUMMARISE

Triple P is a trauma sensitive intervention

Positive parenting promotes resilience

Reduces children’s exposure to Adverse Experiences

Variety of different options available

Promotes children’s resilience and well being