Overview and Structure of the Book

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Introduction

The idea that ‘something’ works in offender rehabilitation suffered a devastating blow in the 1970s following reviews that ‘nothing worked’ (Martinson, 1974). This conclusion was later attributed to the poor methodology and research designs of studies investigating this issue (Lipton, Martinson & Wilks, 1975), rather than an inability to rehabilitate behaviour. However, the concept of ‘nothing works’ led to a body of research that investigated which practices are effective in the rehabilitation of people who offend, often referred to as the What Works literature (Craig, Dixon & Gannon, 2013). The What Works literature is based on an overarching principle that highlights the need for empirically rigorous evidence-based practice. Several systems have been developed to aid the evaluation of the quality of evidence on the efficacy of particular therapeutic techniques and their use with particular groups of people. The work has been subsumed under the category ‘What Works in the treatment and management of offenders to reduce crime’.

The three main systems of empirical evaluation used to examine the quality of outcome studies that are most often referred to in the literature are: (i) the American Psychological Association (APA) Chambless and colleagues’ system (Chambless & Hollon, 1998; Chambless, Baker, Baucom et al., 1998; Chambless & Ollendick, 2001); (ii) Sherman, Gottfredson, MacKenzie et al.’s (1997) ‘levels’ system for reviewing the quality of evidence and intervention; and (iii) the Cochrane System (Higgins & Green, 2006/2008/2011). In brief, the APA system examines the quality of evidence from outcome studies on the effectiveness of psychological therapy. Sherman, Gottfredson, MacKenzie et al.’s (1997) report to the US Congress described a ‘levels’ system for reviewing the quality of evidence supporting any given intervention in the field of criminal behaviour.
They developed and employed the Maryland Scale of Scientific Methods, ranking each study from Level I (weakest) to Level V (strongest) on overall internal validity. The Cochrane System has been influential in categorising evidence on the effectiveness of psychological and pharmaceutical interventions from different studies and remains the most exacting of review systems for clinical evidence.

Although such methods of empirical evaluation exist to inform crime reduction, some domains of practice remain better informed by the evidence than others. Family violence and child maltreatment are two areas that can arguably benefit from further understanding. This is a crucial area of investigation considering that family violence and child maltreatment is a serious and international public health concern (Pinheiro, 2006; Krug, Dahlberg, Mercy et al., 2002). For example, in England, recent statistics show that there were 635,600 referrals of children made to children’s social care in 2015. On 31 March 2015, 391,000 children were assessed as being in need of some family support and 49,700 children were the subject of a child protection plan, providing population rates of 337.1 and 42.9 per 10,000 children aged under 18 respectively (Department for Education [DfE], 2015). In England and Wales, 12,781 families were referred to the Children and Family Court Advisory and Support Service (CAFCASS) between April 2015 and March 2016 for care applications (CAFCASS, 2016).

Furthermore, despite official statistics notoriously underestimating child maltreatment deaths (e.g., Frederick, Goddard & Oxley, 2013), reported rates remain high. The 2002 World report on violence and health estimated that of children aged 0–14, 31,000 males and 26,000 females were victims of homicide, perpetrated both by family and non-family members (Krug, Dahlberg, Mercy et al., 2002). More recently, in 2012, an estimated 95,000 children and young people died as the result of homicide across the world, most of whom (85,000 or 90%) lived in low- and middle-income countries (UNICEF, 2014). There are also some indicators that rates may have fallen over the last few decades, particularly for younger children; for example, in England there has been a decline in infant mortality due to assault falling from 5.6 per 100,000 in 1974 to 0.7 in 2008 (Sidebotham, Atkins & Hutton, 2012). However, despite apparent improvements in mortality rates, they remain unacceptably high, emphasising the need for the use of evidence-based interventions with families.

The need to work with families is exemplified by the high levels of family re-referral to children’s services (i.e., where the same family is referred again for a different child), which can be as high as 85% over a 10-year period (DePanfilis & Zuravin, 1998; Thompson & Wiley, 2009). Also worthy of note is the high rate of co-occurrence of child maltreatment with other forms of family violence (e.g., co-occurrence with intimate partner violence (IPV) has been estimated to occur in between 30–60% of cases (e.g., Cox, Kotch & Everson, 2003; Sousa, Herrenkohl, Moylan et al., 2011)). Indeed, in families where IPV and child maltreatment co-occur, there tend to be more previous referrals, more serious IPV and quicker re-referral to child protection services (Casanueva, Martin & Runyan, 2009). This demonstrates the potential risk posed to children through wider family violence issues and the need to assess and respond to risk of harm to the child in these situations. Arguably then, in a time of austerity where community resources are stretched, the need for empirically sound and efficacious interventions to child maltreatment and family violence has never been greater.

Despite this well-documented need, research into child protection practice has arguably been limited. Indeed, leading researchers in the field have suggested that evidence for child protection is scant. Nearly 20 years ago, Finkelhor (1999) stated:
First we need good epidemiological data to see the location and source of the child abuse problem, and also to be able to track and monitor its response to our efforts. This is something we currently do not have, at least at the level that would satisfy any even generous public health epidemiologist. Second, we need experimental studies to evaluate new and existing practices, so we can agree on what works...There is more experimental science in the toilet paper we use every day than in what we have to offer abused children or families at risk of abuse (p. 969).

Munro (2009, p. 1015) further stated that the evidence has not considerably progressed since that time, asserting that ‘There is only limited knowledge about good practice and the major need is to increase this, to find out more about what methods are effective.’

Based on knowledge of what constitutes methodologically robust research, several countries have begun to introduce structured assessment and intervention programmes in a variety of areas of intervention, which include areas of childcare and family violence. In a time where other areas of violence and abuse prevention are being evidenced (e.g., Craig, Dixon & Gannon, 2013), this book aims to put the need to evidence child protection practice at the forefront. It sets out to provide a comprehensive overview of the current evidence in child and family assessment, intervention and service provision that promotes safeguarding and child well-being. It details the contemporary research and practice that informs theory, assessment, service provision, rehabilitation and therapeutic interventions for children and families undergoing child care proceedings. In doing so it provides an account of what we know works so far and what still needs to be accomplished. What follows is a collection of international knowledge from leading researchers and practitioners in the field who use the evidence to inform best practice. To reflect practice in this domain, the authors and their contributions are written from multidisciplinary perspectives.

Structure of the Book

The book is divided into five parts, each of which is described below.

Part I: Research and Theoretical Perspectives

This part of the book provides the reader with an overview of important theoretical and evidence-based arguments in the field of child and family maltreatment, beginning with issues on the prevalence and aetiology of child maltreatment and its fatal forms, through to the consequences and outcomes, before considering how child maltreatment may overlap with other forms of family violence. It begins with an overview of the prevalence and incidence literature by Lorraine Radford in Chapter 2. Before considering the prevalence and incidence of child maltreatment at an international level, Radford briefly reviews the conceptual and methodological challenges researchers, practitioners and policymakers face when wanting to make robust estimates of the extent of violence within the community. The chapter moves on to consider what is known about levels of violence from officially reported incidents of child abuse and neglect, as well as from self-report community-based surveys. Radford highlights that surveillance data and surveys show that violence against children, including child abuse and neglect, is prevalent across the world. Data from community surveys produce estimates of lifetime and past-year prevalence at least 4–16 times higher than estimates based upon recorded child protection cases. The chapter concludes by highlighting the implications for practice,
arguing that knowledge about the extent and burden of violence against children can be used to improve prevention, identification and response as well as to inform provision, service monitoring and the measurement of outcomes for children.

Next, in Chapter 3, Catherine Hamilton-Giachritsis and Alberto Pellai provide a summary of the historical and current theoretical perspectives that enhance our understanding of the aetiology of child maltreatment. This chapter tracks the development from single-factor models focused on individual deficits in the perpetrator (e.g., psychopathology) or social factors (e.g., poverty) through to multi-factor models that acknowledge the complexity of the causes of child abuse and neglect. Such models, most notably the ecological model and its derivatives, attempt to encompass elements at individual, family, peer, social, community and cultural levels. Within the chapter, prior research identifying risk and protective factors at each level of the ecological model are explored. However, in order to demonstrate that each level is also interlinked, the authors use a case example throughout based on the added dimension arising from new technologies (a social-level factor). The most recent research on the role of adolescent neural systems in risk behaviour is outlined and discussion is made of how the knowledge gained through research has informed interventions at each level of the ecological system.

Peter Sidebotham goes on to discuss the extreme end of a spectrum of child maltreatment in Chapter 4. The chapter begins with a review of the incidence and heterogeneous nature of fatal child maltreatment. It is argued that prevention requires an in-depth understanding of the nature and causes of fatal maltreatment and the chapter goes on to present a conceptual model that details the spectrum of violent and maltreatment-related deaths in childhood, within and outside the family. The model further highlights the heterogeneity of fatal child maltreatment and that risk factors will likely differ between types. Although a number of recognised risk factors for fatal child maltreatment are identified from the published literature, it is concluded that the evidence is limited by poor quality data and it is not possible to predict those children most at risk of death with any certainty over and above those at risk of general harm. It is therefore argued that a strong public health approach is necessary to promote initiatives to prevent child maltreatment generally.

Next, in Chapter 5, Sarah Font presents a review of the potential psychological, economic and physical health consequences that may arise following child maltreatment. Alongside reviews of physical and sexual abuse, physical neglect (one of the least well-researched areas) is considered. Initial indicators suggest that physical neglect can affect cognitive development and internalising behaviour problems, as well as being linked with higher rates of a range of negative outcomes in adolescence (Hussey, Chang & Kotch, 2006). Furthermore there is a relatively new body of research demonstrating links between childhood victimisation and lower educational attainment and income. However, additional research is required to identify causal relationships between maltreatment and economic outcome, and whether other factors mediate this relationship. Overall, Font notes that there is strong evidence for increased likelihood of negative psychological consequences, but that the evidence base for physical health and economic outcomes is smaller and less conclusive. Therefore, this chapter also outlines the methodological difficulties inherent in research in this area that need to be considered when interpreting research findings.

In Chapter 6, Eamon McCrory, Amy Palmer and Vanessa Puetz provide an overview of important findings from neuroimaging research to explain ways in which maltreatment in childhood may heighten a person’s vulnerability to psychopathology. First, a review of findings from neuroimaging studies of key brain structures involved in emotion processing, memory and regulation processes is provided. Second, how genetic factors may interact
with environmental experience (such as child maltreatment) to influence maladaptive outcomes in psychological and emotional development is considered. A focus on structural and functional brain alterations is given. Finally, the clinical implications that follow from the research are discussed. It is concluded that the evidence demonstrates the importance of a ‘reliable adult caregiver to help the child regulate stress’; and that further clarification of the neurocognitive systems most associated with psychiatric risk may promote resilience.

Finally, in Chapter 7 Louise Dixon and Amy M. Smith Slep consider the child in the context of the family by providing an overview of the co-occurrence of physical intimate partner violence with child physical abuse. In the main, this chapter limits its discussion to physical violence, as this is what the majority of empirical research has investigated to date. They describe the high rates of overlap of child abuse and intimate partner violence and the effects on the child before noting the theoretical perspectives and risk and protective factors that may help explain its co-occurrence. It is proposed that the evidence suggests that research and practice should adopt a systemic view and explore and respond to patterns of family violence and abuse in research and practice. Although the majority of the evidence considers male-to-female physical violence and abuse in heterosexual relationships, the authors also note the need to expand this knowledge base to understand the spectrum of family aggression and its effects on parental care.

Part II: Children’s Services and Public Health Approaches to Prevention

To place the assessment and treatment of parents and children in child care proceedings into context, Part II first reviews the situation in children’s services, focusing on current processes and reforms in place to safeguard children, before moving on to consider prevention from a public health perspective using examples of behavioural parenting intervention and the sexual exploitation of children and young people to illustrate the point. Given the potential outcomes for children and young people, the role of protective services is crucial. In Chapter 8 Jenny Gray details the current situation with regard to children’s services in England and their role with families in need, as well as child protection. Importantly, international and national legislation that underpins children’s services in the UK are outlined, demonstrating how international law is filtered down to small localities but also how cultural contexts can have an impact on the attitude toward child abuse and neglect (e.g., the acceptability of certain behaviours). Internationally, the UN has called for children and young people to be able to grow up free from violence and, in this chapter, Gray outlines how a public health approach might provide a useful framework for this goal to be achieved.

Chapter 9, written by Chris Goddard, Karen Broadley and Susan Hunt, explores the challenges and complex nature of child protection practice in children’s services. The authors focus on the need to recognise that in this field, there is a lack of empirical evidence and as such family preservation ideology can dominate decision-making and practice. This chapter highlights and evaluates the rarely debated challenges. Three primary challenges are presented and discussed in detail. These are: the lack of evidence for the efficacy of family support programmes; what criteria should be used to determine the removal of the child from parental care; and, working with ‘uncooperative, hostile, threatening or violent parents’ and the realities this entails. Practical solutions to these challenges are offered in this chapter, which tackles a rarely acknowledged phenomenon head on.

Next, Judith Masson in Chapter 10 focuses on what works in prevention where families are on the brink of care proceedings, specifically, the impact of legislative changes first introduced
in 2008 in England, Wales and Northern Ireland, which set out the steps required before the issuing of care proceedings; these are known as pre-proceedings. Masson explains that pre-proceedings is a process by which local authorities are required to follow specific steps before issuing care proceedings, where there is sufficient time to do so and where this would not compromise the child’s safety. Although the introduction of pre-proceedings was atheoretical, Masson provides the results of an empirical evaluation of the process which found that local authorities have made substantial use of the pre-proceedings process, using it in 43% to 73% of cases considered by their lawyers to meet the threshold for care proceedings. The impact of pre-proceedings is helpfully illustrated by three case examples in the chapter. While Masson argues that the reformed care proceedings provide a stronger impetus to use the pre-proceedings process as a tool to support case management, she cautions that there is a real danger that work becomes focused on preparing for court, rather than supporting families to avoid court.

Moving to consider a broader (including pre-maltreatment) perspective, in Chapter 11 Matthew Sanders and John Pickering present the case for preventing child maltreatment using a public health approach to behavioural parenting intervention. The authors note that improving parenting is a basic element within the prevention of child abuse and neglect, and that adopting an approach that encompasses the whole population will ultimately allow a more comprehensive means of reducing the occurrence of maltreatment. This chapter provides an overview of the Positive Parenting Programme, otherwise known as ‘Triple P’, focusing specifically on one variant – Pathways Triple P – that is designed for families at risk of child abuse and neglect. Sanders and Pickering review the 35-year evidence base associated with Triple P and the more recent research demonstrating the effectiveness of Pathways. In conclusion, Sanders and Pickering discuss the necessary elements for parenting interventions, such as they are non-stigmatising, have flexible delivery formats and, ideally, adopt a public health approach.

Also taking a public health perspective, Sandy Wurtele and Cindy Miller-Perrin discuss what works to address the public health problem of sexual exploitation of children and young people in Chapter 12. They first present the magnitude of the global problem before arguing that tertiary prevention strategies, such as treatment of victims and punishment of offenders, are insufficient. Rather, they suggest, a problem of this complex nature requires primary prevention efforts. The chapter goes on to review primary prevention strategies that have been adopted internationally targeting children, parents/caretakers, youth-serving organisations, society and cyberspace. They use an ecological framework to review the various strategies and go on to suggest direction for future preventative initiatives.

Part III: Assessment

When parents fail to provide their children with a good enough and safe standard of care, or where there is evidence that a child has been subjected to physical, sexual or emotional abuse, the State is obliged to intervene. Current professional practice associated with family proceedings is founded on the core principles that the interests of the child are paramount; that delay in determining the questions concerning a child’s upbringing is likely to prejudice the welfare of the child; and that non-intervention is preferred, except in cases where it can be demonstrated that a court order would be better for a child than no order. These principles are based on practitioners having a thorough understanding of the developmental needs of children; the capacities of parents to respond appropriately to those needs; and the impact of wider family and environmental factors on parenting capacity and children. This section of the book focuses
on different aspects of assessing parents and children in child care proceedings. It begins with
the structuring of assessments, commenting on the role of evidence-based tools and the utility
of specific theoretical approaches, then considers the developmentally appropriate forensic
interviewing of children as part of the assessment process, moves on to consider a special issue
that may need to be addressed in an assessment and concludes with practitioner perspectives
on frontline practice.

This section begins with Chapter 13 where Stephen Pizzey, Arnon Bentovim, Liza Bingley
Miller and Antony Cox report on the development and use of an evidence-based assessment
tool – the Safeguarding children Assessment and Analysis Framework (SAAF). SAAF is
designed for those working in child protection services and is complementary with the
Framework for Assessment. It has seven stages, considering assessment, analysis, planning
and implementation of intervention, with structured guidance on how to complete each
step. Important elements are the inclusion of a means of assessing capacity to change but also
how to evaluate what success ‘looks like’. This type of structured decision-making tool, pro-
viding guidance and enabling multidisciplinary work, embodies the concept of taking
research findings and developing tools that are of daily, practical use for practitioners. A
randomised control trial (Macdonald, Lewis, Macdonald et al., 2014) is currently underway
to evaluate the programme demonstrating the authors’ commitment to evidence-based
practice in child protection.

Carol George then provides a comprehensive account of how to utilise an attachment the-
ory perspective to assess parenting, in Chapter 14. First, an overview of ‘what is attachment’
is provided, with George presenting the well-recognised secure, organised-insecure and disor-
ganised/dysregulated model of children’s attachment and the parenting patterns associated
with them. The chapter then goes on to discuss the developmental accomplishments and risks
associated with each of these parenting patterns. Emphasis is placed on using validated assess-
ments of parenting using an attachment perspective. It is argued that the attachment model
has withstood over 40 years of empirical scrutiny and that valid attachment assessments used
systemically with parents can help to identify how best to support parents by promoting their
strengths and ‘breaking traumatic parenting cycles’.

Next, in Chapter 15, Annabelle Nicol, David La Rooy and Michael Lamb review the evi-
dence base for developmentally appropriate forensic interviewing of children as part of the
assessment process. They highlight that inappropriate interview techniques are still in use, but
argue that by utilising techniques suited to the developmental (rather than chronological) age
of the child, a fuller, more informative picture can be achieved. To enable a greater under-
standing of the importance of adapting interview techniques for developmental age, the
authors first outline memory, language, salience and suggestibility in children, emphasising
how this knowledge can be used to inform better practice. Interviewing strategies include
introductions (rapport building), free-recall narrative using open prompts (to access recall
memory), focused questions or recognition prompts (to tap into recognition memory pro-
cesses), and closure. The chapter concludes with a discussion about training approaches that
not only allow interviewers to learn these techniques in the short term but enable them to
utilise them over the longer term in practice situations.

In Chapter 16, Hannah Merdian, David Gresswell and Leam A. Craig comment on the
assessment of parental risk, usually in relation to the father, of those involved in child care
proceedings who have been convicted of being in possession of and/or have engaged in the
distribution, trading and/or production of Child Sexual Exploitation Material (CSEM). The
authors note that court evaluations for parental risk in CSEM cases are more frequently
requested, especially concerning a risk of crossover to contact sexual offences. However, the authors also caution that the psychological research on CSEM is still developing, providing the assessor with very little empirical and theoretical guidance in the decision-making process. In this chapter the authors offer some guidance for formulating custody cases by providing systemic and reflective insight into the current legal and psychological context of CSEM, by reviewing the evidence concerning the link between CSEM and contact sexual offences against minors, and by reflecting on the function and contextualised assessment of this offending behaviour.

This section concludes with Chapter 17 where Martin C. Calder offers professional observations of frontline practice from a social worker’s perspective. With frontline practitioners frequently operating in the gaps between theory and research, Calder argues that they are in danger of losing sight of the child amid legislative and bureaucratic challenges. Calder suggests that while many practitioners recognise the need for evidence-based practice in assessments and recommendations to court, many frontline staff lack the opportunity for reflective practice or time to read and digest research findings. In attempting to overcome these difficulties, Calder offers practice-based suggestions and elucidates a risk-formulation framework for structuring risk-related information with the aim of keeping children the priority within child care proceedings.

Part IV: Interventions with Children and Families

Having discussed various theoretical perspectives and issues to do with assessments, the next two parts of the book move on to consider interventions. Part IV focuses on interventions with children and families, considering abuse-specific type interventions followed by parenting programmes and school-based interventions and finally moving to reflect on work with parents within a specific theoretical model of attachment. It begins with Chapter 18 by Melissa Runyon, Stephanie Cruthirds and Esther Deblinger, who present the need for evidenced approaches to empower children and families at high risk for physical abuse to help them overcome their abusive and violent experiences. The authors argue that child physical abuse is a public health problem that affects many domains of a child’s functioning, yet evidence-based therapies to assist children and caregivers are in their infancy. They describe five evidence-based therapies that have been used with the child physical abuse population and meet a priori criteria, a majority of which are based on cognitive behavioural theory and include both parents and children. It is concluded that although there is a need for further understanding and research, the evidence shows that early evidence-based interventions address the therapeutic needs of families at risk for child physical abuse.

In Chapter 19, Esther Deblinger, Elisabeth Pollio and Melissa Runyon go on to detail effective therapies for children and non-offending caregivers in the aftermath of child sexual abuse and other traumatic experiences. This chapter briefly reviews the research that has demonstrated the negative effects of sexual abuse and other violence and adversity in childhood. It then provides an overview of the following evidence-based interventions that help children and their non-offending caregivers to cope with the effects of such abuse and trauma: Child Parent Psychotherapy, Eye Movement Desensitisation and Reprocessing for Children and Adolescents, Prolonged Exposure for Adolescents and Trauma-Focused Cognitive Behavioural Therapy. A particular focus is given to Trauma-Focused Cognitive Behavioural Therapy because, the authors argue, the evidence for this approach is strong. It is concluded that the interventions described show positive impact in addressing the immediate and long-term impact of trauma,
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However, further research is needed to reduce incidence and prevalence rates of abuse, children’s resilience and their responsiveness to treatment when trauma is experienced.

Moving away from abuse-type specific interventions, Tracey Bywater then considers the efficacy of cognitive behavioural group based parenting programmes to promote child protective factors and reduce risk factors for any form of child maltreatment in Chapter 20. First whole system approaches such as Communities that Care and Evidence2Success are reviewed, whereby level of need in a geographical area is identified and a variety of commissioners (e.g., local authority, charities, community leaders) collaborate to provide services to meet those needs. Evidence from the USA has shown that such an approach can have significant impacts on reducing health and behaviour problems in adolescents. At a different level, other programmes focus on working with parents, with Bywater noting that evidence suggests this is the most effective means of working to reduce risk. Overall, however, there is considerable evidence that parenting programmes are a useful way of increasing protective factors and reducing risk.

Having identified the evidence base for the use of parenting programmes, in Chapter 20, Nick Axford, Tracey Bywater, Sarah Blower, Vashti Berry, Victoria Baker and Louise Morpeth consider the critical factors in the successful implementation of such programmes, focusing on issues of fidelity, adaptation and quality. The potential of programme fidelity to moderate the intended outcomes of interventions is highlighted, before acknowledging that, in practice, adaptations are a reality. A summary of research is then provided about whether adaptations increase or reduce programme effectiveness and sustainability. The authors go on to outline solutions to resolve the tension and methods for promoting fidelity before concluding with future research recommendations.

In Chapter 22, Cristin M. Hall, Megan C. Runion and Daniel F. Perkins consider school-based prevention and interventions in cases of child maltreatment in operation in the United States. They point out that schools are important contexts for the detection, reporting, prevention and intervention of child maltreatment and as a result school personnel in the United States are bound by mandated reporting laws. However, they note that despite mandated reporting being codified into US law current efforts at detecting, preventing and intervening in cases of child maltreatment continue to fall short. The authors discuss the use of the IOM Protractor, a conceptual framework tiered-service delivery model adopted from public health, and review the empirical support for the three main pillars of the model, prevention, treatment and maintenance within school settings. While the majority of programmes discussed have some empirical support, the authors note there continues to be gaps in the literature with research focusing on prevention models (developing participant knowledge and skills tied to educational programme content) with little research in the areas of treatment for victims of maltreatment. They conclude by arguing that schools that move toward a public health approach to the prevention and treatment of child maltreatment could better serve children and they encourage school personnel to use resources in a more impactful way while collaborating with community resources specifically targeted to serve victims of maltreatment.

Finally, this part concludes by looking at an alternative model to working with parents. Specifically, in Chapter 23, Patricia Crittenden and Clark Baim demonstrate how the assessment of attachment in child care proceedings can be used to guide intervention with families. The chapter reports on the IASA (International Association for the Study of Attachment) Family Attachment Court Protocol, which is based on the Dynamic-Maturational model of attachment (DMM). The DMM takes a life-span approach to attachment and maladaptation; originally devised by Ainsworth, it was expanded by Crittenden in collaboration with
Ainsworth, and includes a strengths-based focus. The Protocol presented in this chapter is a model of assessment, formulation and treatment planning that can be used with families engaged in child care proceedings. A case study highlights how this can be applied in practice.

Part V: Novel Interventions with Families

This final section of the book contains chapters that cover key and novel areas in interventions with parents where child maltreatment is an issue. It provides a focus on interventions for parents with unique clinical or forensic presentations. Arlene Vetere begins this part of the book with Chapter 24, which describes a systematic approach to working with families that present with intimate partner violence. The chapter describes an approach to safe relationship therapy with couples and families, used in the UK based ‘Reading Safer Families’ family violence intervention project. The literature on the efficacy of systemic approaches with a wide range of client groups is noted before providing a description of the safety methodology used in the programme. It addresses further violence risk management, risk assessment of further violence, taking responsibility for safety and for behaviour that harms others, and collaborative practices. The use of a safety plan that is developed to help predict and prevent violent interactions, and to help family members repair relationships where possible is also outlined, along with the need for therapists to look after themselves.

In Chapter 25, Isabelle Daignault, Mireille Cyr and Martine Hébert consider working effectively with non-offending parents in cases of child sexual abuse. The authors begin by recognising the numerous challenges parents face in attempting to provide support to their child following disclosure as well as the challenges in the aftermath of disclosure. They describe in detail some of the support and advocacy services available for parents and children in the United States and Canada and report positive research findings for the use Child Advocacy Centers (CACs). They go on to consider the physical and psychological impact of child sexual abuse on the non-offending parent before outlining strategies and therapeutic models such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) in supporting non-offending parents while focusing on the recovery of the child. They argue that parents need to be well supported by therapists and other professionals involved who should nourish the therapeutic relationship with the parent.

Next, in Chapter 26, Beth Tarleton presents an account of working with parents with intellectual disabilities (ID) in child care proceedings. Tarleton begins by introducing parents with ID and the issues and difficulties they might face related to their impairment, as well as barriers related to their often poor socio-economic status and lack of community support. Tarleton discusses the issues relating to engaging parents with ID and reviews the literature on the efficacy of intervention and supportive parenting programmes for this client group from studies in the United States, Canada, Europe and Australia. While Tarleton notes that a substantial amount of best practice has been developed around working with parents with ID, in many areas pro-active support is not available and a ‘paradigm shift’ is required in order to ensure that these vulnerable parents are provided with support that is tailored to their needs that reduces the likelihood of poorer outcomes for and concerns about the welfare of their children.

In Chapter 27, Tanya Garrett considers working with parents with a diagnosis of personality disorder as part of child care proceedings. Garrett begins by discussing definitions of personality disorder and diagnostic systems before considering the wider prevalence and co-morbidity
of personality disorder. This is followed by a discussion on the impact of parents with personality disorders and how key difficulties such as attachment styles, behaviours, problematic emotions and interpersonal difficulties in the parent can impact on the child. Garrett highlights research indicating that the aggregation of all of these concerns points to an increased risk of the child of a parent with personality disorder developing the same problems. Garrett considers interventions such as schema therapy, cognitive therapy and Dialectical Behaviour Therapy (DBT) as the most commonly used interventions within the UK. While community resources and service provisions are limited, Garrett reports the results of an Early Years Parenting Unit (EYPU) in London, UK, which focuses on the parent’s own problems and mental health, their parenting and the child’s developmental problems. A working case example is described of a parent with a narcissistic personality disorder and strategies to overcome common therapeutic stumbling blocks are provided. In conclusion, Garrett reiterates that in addition to therapies for personality dysfunction, parents with personality disorders need interventions that can address their relationships with their children and their parenting skills.

Finally, in Chapter 28, Rebecca Sanford, Stephanie Ratliff and Michele Staton-Tindall consider the well-established impact of caregiver substance misuse on child welfare outcomes and highlight the need to work with caregivers who use alcohol and drugs in the child protection system. The professional practice and policy issues required to make this work possible, and ensure its efficacy, are highlighted. These include: better understanding of the prevalence of substance abuse in system and the impact of substance addiction; establishing collaboration and consensus between professionals on the issue; accurate identification of substance use among caregivers; better systems for collecting, reporting, and disseminating the data; and more practical education for professionals regarding effective work with substance abusing caregivers. The authors emphasise the need to implement programmes that demonstrate efficacy, and for further research to continue in terms of evaluative practice in the area.

References


