

Interventions for where child to parent
abuse occurs: An overview

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NICE Guidance

Antisocial behaviour and conduct disorders in children and young people: recognition and management (updated 2017)

Parent Training Programmes

Group social and cognitive problem-solving programmes for the child

Multisystemic therapy

Pharmacological interventions

“Do not offer pharmacological interventions for the routine management of behavioural problems in children and young people with oppositional defiant disorder or conduct disorder.”

“Treat ADHD if present with ODD or CD (methylphenidate or atomoxetine)”

*“Consider risperidone for the short-term management of severely aggressive behaviour in young people with a conduct disorder who have problems with explosive anger and severe emotional dysregulation and **who have not responded to psychosocial interventions**”*

Parenting Programmes

YEF Tool Kit say:- [Youth Endowment Fund Toolkit](#)

*“There is strong evidence that parenting programmes can be effective at reducing behavioural difficulties, which are associated with later involvement in violence. However, there is a lack of research which directly measures the impact of parenting programmes on crime and violence. Based on the current evidence, our best estimate is that **parenting programmes could lead to a small reduction in violent crime.**”*

CBT

Cognitive Behavioural Therapy

The research suggests that, **on average, CBT has reduced crime by 27%** and reduced the prevalence of behavioural difficulties.

One review included seven UK evaluations of the **Reasoning & Rehabilitation programme** and concluded that it was effective in reducing reoffending for both children and adults.

Prison-based cognitive skills programmes for young people in England and Wales. Reconviction rates were compared between young people in custody who started a programme (N= 1,534) and a matched comparison group who did not (N= 1,534). Programme participation **did not lead to a statistically significant reduction in reconviction**, at one- or two-years following release. However, when young people who dropped out of a programme (14%) and their matched comparisons were excluded from analysis, the one-year reconviction rate for programme completers was statistically significantly lower ($p < 0.05$), Cann et al. (2005).

But:

Child to Parent Violence Programme, with sessions for the children using **Cognitive Behavioural Therapy (CBT)** could not be assessed due to their limited engagement in the intervention and non-engagement with the evaluation.

Family Therapy



On average, **Functional Family Therapy (FFT)** is likely to have a moderate impact on violent crime. However, the research on FFT is weak and there is a lot of variation in the results.

Multisystemic Therapy (MST) is for families with a young person aged 12–17, who are at risk of going into care due to serious antisocial and/or offending behaviour. The programme pairs families with a therapist who will work with them intensively for three to six months. The therapist is 'on call' to help families 24 hours a day, seven days a week. The therapy will consider multiple aspects of the child's life, including their family, school, local area and friends. On average, research suggests that MST is likely to have a moderate impact on violent crime. MST reduces violence by 16% and offending by 17%. However, A large **UK study** published in 2018 found that **MST was not more effective** when compared to usual practice (Social Care and CAMHS).

What do we see in practice

NVR

Non-violent Resistance

Seventy-three parents (41 families) were randomly assigned to a treatment group and wait-list control group. NVR showed a decrease in parental helplessness and escalatory behaviours, and an increase in perceived social support. The children's negative behaviours as assessed by the parents also decreased significantly. **Weinblatt & Omer. (2008). - USA**

Aggregate data from sites that compared NVR to waitlist or active control (52 children aged 11–18). Significant improvement in externalizing symptoms and parental coping in NVR treatment groups. Improved parental depression and helplessness in both NVR and active comparison treatment. **Ollefs, et al. (2009). - Germany**

In a pretest–posttest design, data were collected from 25 families. Significant reductions in externalizing, internalizing, and total problem behaviour in the foster children and in parenting stress were found. **Van Holen, et al.. (2016). - Belgium**

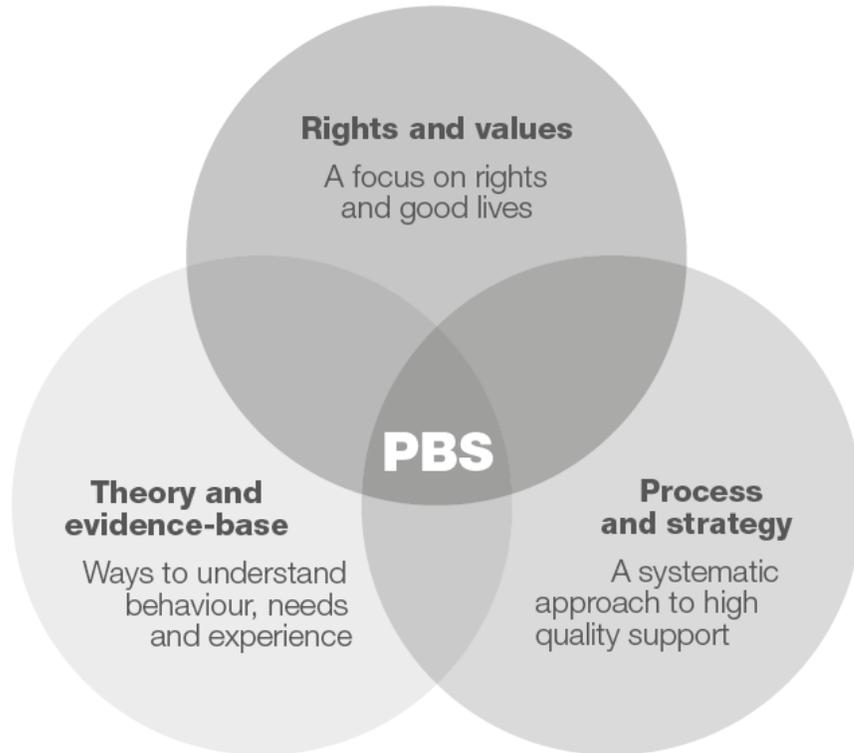
NVR Cont:

Randomised NVR Vs TAU (intervention that provided supportive counselling and psychoeducation). Eighty two parents of young people aged 6–20 years. 73 participants completed the study and were available for analysis (36 NVR and 37 TAU). NVR **was not superior** to TAU in reducing parental stress and/or children's behavioral and emotional problems **Fongaro et al. (2023). - France**

NVR compared with a wait-list control. Only fathers reported significant improvements on three scales, power-struggles, parental submission, and negative feelings. Although fathers reported that escalation of both parents with the child lessened with treatment, mothers witnessed no significant improvements. **Lavi-Levavi, et al. (2013). - Israel**

The Child to Parent Violence (RISE) Programme aimed to improve the behaviour of 10 to 14 year olds who are showing violence towards their parents, carers or guardians. The intervention provided sessions first to parents then, if appropriate, to children. Sessions with parents teach **Non-Violent Resistance (NVR)** techniques, including reconciliation methods. 104 families (107 children) took part. 76% of enrolled families completed the programme. However, core measure completion was a serious challenge. Less than half of families provided SDQ data after 12 months. COVID-19 contributed to challenges with data collection. However, even in this context, data collection was low. – **UK, YEF Feasibility Study**

PBS (Positive Behavioural Support)



“The 2022 definition of PBS specifically focuses on support for people who have a learning disability in the context of behaviours that challenge.”

“PBS as defined here, and in the past, is not intended for persons identifying as neurodivergent who do not have a learning disability”

“The PBS model may have little relevance without appropriate adaptation for autistic people with no learning disability.”

“There has not really been a robust evaluation of a PBS framework in a UK setting to date. There are RCTs that show what might work (specialist teams or services) and what might not (short PBS training courses).”

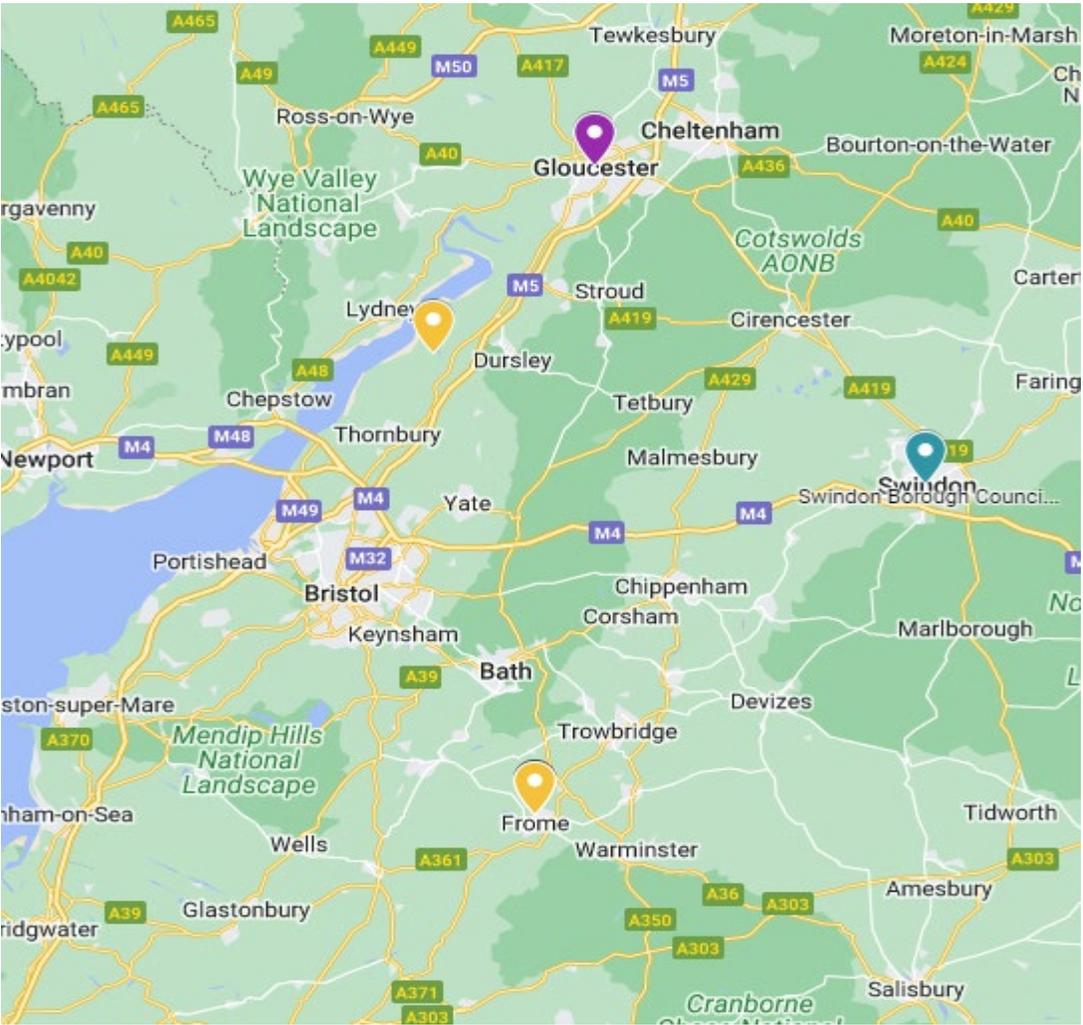
Trauma-specific therapies

Trauma-focused Cognitive Behavioural Therapy (TF-CBT), Cognitive Processing Therapy (CPT) & Eye Movement Desensitisation and Reprocessing (EMDR),

Based on only four studies which suggest on average trauma-specific therapies reduced crime and violence for children and young people at-risk of involvement by 45%. Findings from 19 studies suggest that trauma-specific therapies also had a high impact on externalising behaviours, such as aggression. However, confidence is very low because the estimate is based on only four studies and there is a lot of variation. Studies have generally used very small sample sizes, typically between 21 and 30 children.



National Child/Adolescent to Parent Violence and Abuse (CAPVA) Service Directory. Developed by Helen Bonnick and was available on the Holes in the Wall website.



SUMMARY

- Some evidence for **parenting programmes**, but impact small
- Some evidence for **CBT**, but mostly from custody for UK studies (and only for those who complete) and wider than CPA
- **MST** looks positive but UK study found not more effective than usual practice
- **NVR**, some positive evidence internationally but UK study specific to CPV, not enough data.
- Good evidence for **PBS** with people with learning disability and behaviour that challenges, but not robust in the UK and not recommended for other presentations.
- Some evidence of high impact for **trauma –specific therapy**, but small N in studies.

In conclusion no one clear treatment for CPA but the above may be helpful if available and in the right situation.

What if tried the above and not had significant impact and or not available?

A suggested way forward

Formulation led intervention

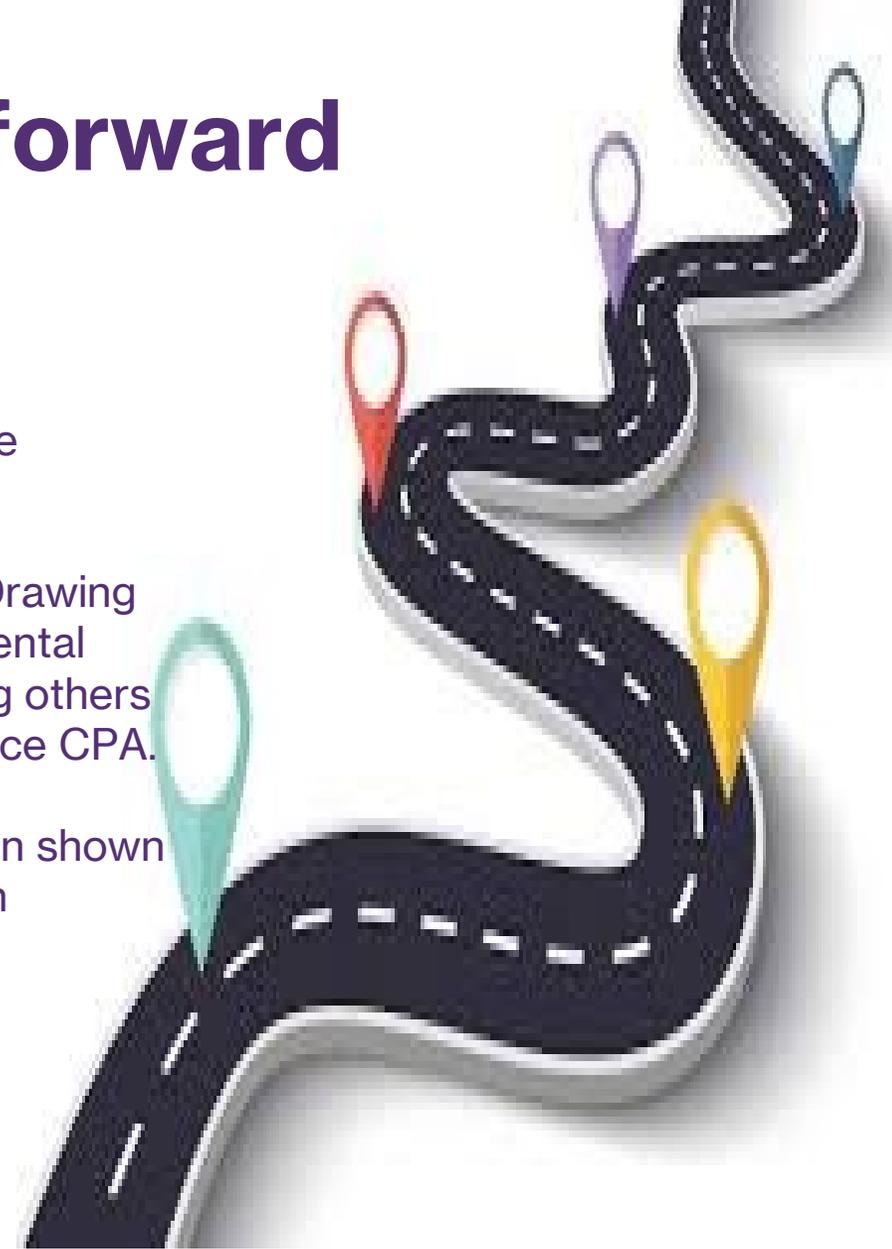
There is no one superior treatment for CPA.

Every '*child*' and their family/careers dynamics and individual aspects will be different and often complex

Thus, an individualised multifaceted formulation approach is likely helpful. Drawing on general research/evidence about violence, biological factors, developmental factors, trauma, diversity, mental health, systemic and social factors, among others to understand the behaviour and from that draw on broad evidence to reduce CPA.

For example; Increased pro-social activity and school engagement has been shown to reduce violence in young people, but equally the subsequent reduction in proximity and length of time together reduces the likelihood of violence.

Not just one service but often a multiagency approach might be needed

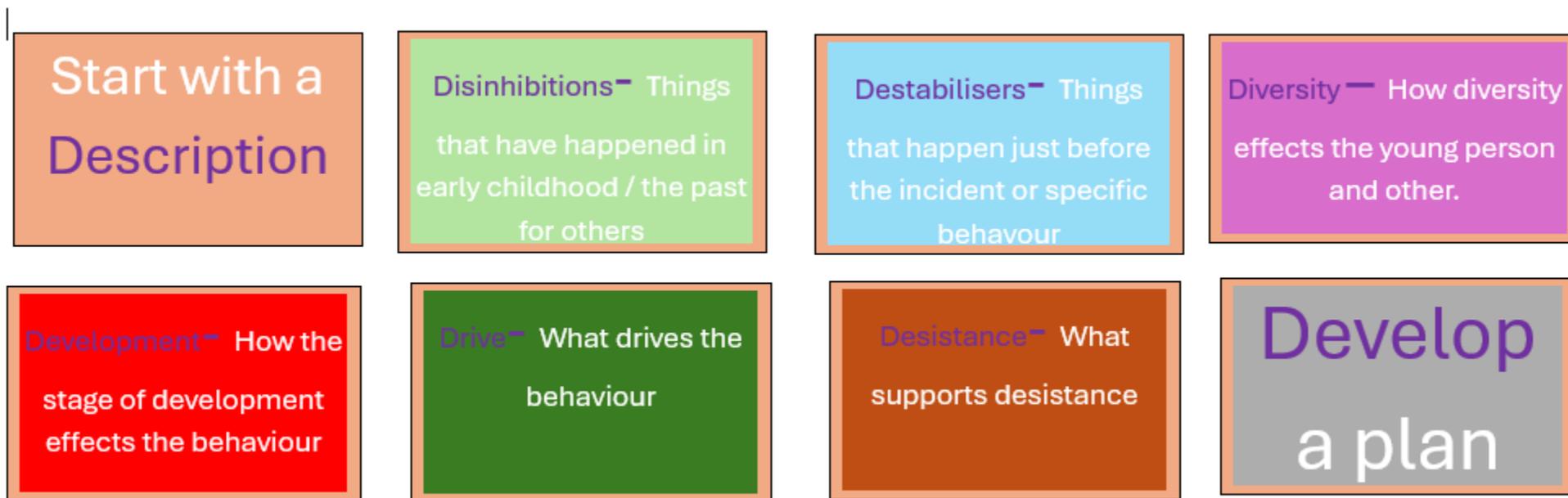


6/8D's Formulation Approach

I have concerns about other the 5 Ps formulation approach. Although I'm sure not intended it can neglect the child's agency and does not take good account of diversity and developmental factors.

I have further developed the 3Ds formulation model—drivers, destabilizers and disinhibitors (Johnstone, 2013; Hart & Logan, 2011). I have added three further components: diversity, development and desistance to make a 6Ds model. I've also included a description (what is the challenge we are trying to formulate) and developed a plan section to make 6/8Ds.

Adding Drive and moving from protective factors, what does/could protect the child to what can be done to help the child desist.



6/8D's formulation – Description & Disinhibitions

Description

John punches his mother approximately two – three times a week

He has also pulled her hair and spat at her

He generally causes bruising

He once knocked his mother out for about 5 seconds, and she had to go to hospital to be checked out.

This has been happening for the last four years since John was 11.

6/8D's formulation

Disinhibitions

John witnessed his father being violent towards his mother until he moved out four years ago. Violence has been normalised

His mother has been depressed since her marriage ended. She struggles to have the energy to put in boundaries for John.

John was bullied in school and has been home schooled since year eight. So, they spend a lot of time together

Destabilisers

His mother asks John to do something; Turn off the PlayStation in 10 minutes and then do schoolwork.

John feels the Play Station is the only fun he has, and he finds the schoolwork really hard.

His mother feels guilty he is not doing enough schoolwork. This puts pressure on her to make him do the work.

Diversity

John struggles with temporal judgment, due to ADHD. So does not know how long 10 minutes is.

His mother is worried about a confrontation and struggling with motivation so leaves it 30 minutes until she goes to John's room

John finds it hard to sit still and concentrate on the schoolwork. His hand hurts from gripping the pen

Development

He is 15

His only friends are online and at this stage he is finding his tribe

He struggles with emotion regulation and inhibiting responses due to the frontal lobe still developing.

Drive

John is desperate to stay on the PlayStation and avoid doing the schoolwork.

Punching his mother makes her go away and he achieves his short-term aim

Desistance

John feels bad for punching his mother

John wants to do well with his schoolwork as he wants to be an airline pilot

6/8D's formulation

Develop a plan

Individual therapy for mother and John as victims of domestic violence

His mother to access therapy for depression and consider antidepressants

Application for EHCP, leading to mentoring and eventually a return to school

Mentor to use materials that support the National Curriculum through the medium of light aircraft flight

Use a clipboard to do schoolwork on the move, have fidget breaks and use a lightweight pencil

Join a youth aviation club and hopefully make friends; find his tribe

Used Alexa to set timers

Parenting support in relation to boundaries -*Was not needed

6/8D's formulation



Outcome

John and his mother completed therapy regarding domestic violence and John made a pledge to be different to his father.

His mother received treatment for depression. She became more motivated and had more energy to do play board games with John and hold boundaries.

The EHCP was agreed and mentoring using flight material was used to engage John.

Along with a clipboard, soft grip pen and fidget breaks John began to enjoy schoolwork and started at a small specialist school for children with neurodiversity.

The Alexa really helped to support temporal judgment and this reduced points of conflict with his mother.

John made a good group of friends at the aviation club. He found his tribe

John has not hit his mother for over three months.

References

Cann, J., Falshaw, L. and Friendship, C. (2005) Understanding 'What Works': Accredited Cognitive Skills Programmes for Young Offenders. *Youth Justice* Vol. 5 No. 3 pp. 166- 179.

Fongaro, E., Aouinti, S., Picot, M. C., Pupier, F., Omer, H., Franc, N., & Purper-Ouakil, D. (2023). Non-violent resistance parental training versus treatment as usual for children and adolescents with severe tyrannical behavior: a randomized controlled trial. *Frontiers in psychiatry*, *14*, 1124028.

Gore, N. Sapiets, S., Denne, L., Hastings, R., Toogood, S., MacDonald, A., Baker, P. and the PBS Working Group (in alphabetical order):

David Allen, Magdalena M Apanasionok, Debbie Austin, Darren L Bowring, Jill Bradshaw, Anne Corbett, Vivien Cooper, Roy Deveau, J Carl, Hughes, Edwin Jones, Matt Lynch, Peter McGill, Michael Mullhall, Mark Murphy, Steve Noone, Rohit Shankar and David Williams (2022). Positive Behavioural Support in the UK: A State of the Nation Report. *International Journal of Positive Behavioural Support*. *12* (1): 1 – 44

Hart, S. D., & Logan, C, (2011). Formulation of violence risk using evidence-based assessments: The structured professional judgment approach. In P. Sturmey and M. McMurran (Eds.) *Forensic case formulation* (pp. 83–106). Chichester: Wiley-Blackwell. doi: 10.1002/ 9781119977018.ch4.

Johnstone, L. (2013). Working with complex cases: Mental disorder and violence. In C. Logan & L. Johnstone (Eds.), *Managing clinical risk: A guide to effective practice* (pp. 56–88). Oxford, UK: Routledge.

Lavi-Levavi, I., Shachar, I., & Omer, H. (2013). Training in nonviolent resistance for parents of violent children: Differences between fathers and mothers. *Journal of Systemic Therapies*, *32*(4), 79-93.

Loomes, R, Hull, L and Mandy, WPL (2017) 'What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis', *Journal of the American Academy of Child & Adolescent Psychiatry*, *56*(6), 466–474.

Newman, M., Fagan, C., & Webb, R. (2014). Innovations in practice: The efficacy of nonviolent resistance groups in treating aggressive and controlling children and young people: A preliminary analysis of pilot NVR groups in Kent. *Child and Adolescent Mental Health*, *19*(2), 138-141.

NICE clinical guidelines; Vol. 158. NICE. *Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management*.

Ollefs, B., Schlippe, A. V., Omer, H., & Kriz, J. (2009). Youngsters with externalizing behavior problems: Effects of parent training. *Familiendynamik*, *34*(256), e265.

The Early Intervention Foundation Guide Book: <https://guidebook.eif.org.uk/>

The Youth Endowment fund Tool Kit - [Youth Endowment Fund Toolkit](#)

Van Holen, F., Vanderfaeillie, J., & Omer, H. (2016). Adaptation and evaluation of a nonviolent resistance intervention for foster parents: A progress report. *Journal of marital and family therapy*, *42*(2), 256-271.

Weinblatt, U., & Omer, H. (2008). Nonviolent resistance: a treatment for parents of children with acute behaviour problems. *Journal of marital and family therapy*, *34*(1), 75-92.