

An innovative approach to assessment and intervention to enhance family functioning with families involved in child protection agencies

## *The Parents Under Pressure Program*



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It is becoming increasingly recognised that high-risk families require intensive interventions targeting multiple dimensions of functioning (Catalano, Gainey, Fleming, Haggerty and Johnson 1999; Dawe, Harnett, Rendalls and Staiger 2003; Dawe, Harnett, Staiger and Dadds 2000; Luthar and Suchman 2000). For example, Dawe, Harnett, Staiger et al. (2000) summarise a range of risk and protective factors across ecological domains that influence the developmental outcomes of children raised in families with substance abusing parents. The literature on child abuse and neglect has documented the diverse causes of child maltreatment (Belsky 1993; Cicchetti and Carlson 1991; Dawe, Harnett, Staiger et al. 2000; Milner 1998).

The Parents Under Pressure program has been recently developed specifically to address the multiple needs of high-risk families (Dawe, Harnett and Rendalls 2000). This article provides an overview of the program, theoretical influences on its development, and preliminary evidence of efficacy and effectiveness.

The Parents Under Pressure (PUP) program was developed in response to the literature clearly indicating that in addition to parenting skills, high-risk parents have a number of areas of vulnerability that, if left unaddressed, may impede their ability to protect and care for their child (Dawe, Harnett, Staiger et al. 2000). The most salient aspects include the ability to regulate emotions, combating negative views of self and negative mood, problems in parent-child and marital relationships, managing life crises and daily hassles, and the lack of social support.

These problems can lead to a lowered sense of personal efficacy and an avoidant style of problem solving. Thus, the PUP program targets problems of the individual parent(s), the parent-child relationship, family functioning more generally, and the social context and life style of the family, including drug and alcohol use.

## Structure and content of the program

A description of each module making up the Parents Under Pressure program is presented in Table 1. The format of the program is conceptualised as structured but non-sequential (SNS) – that is, interventions are structured insofar as each identified problem area is addressed by a manualised intervention. However, the program is non-sequential in that the problems targeted vary from family to family, with the order of presentation determined by the salient presenting problem for the family, as determined in an initial assessment and ongoing monitoring of the family.

In the early stages of intervention, it is common for high-risk parents to report a life crisis or stressor of such magnitude that their attention to a structured intervention is minimal, reducing the likelihood they will derive any benefit from the session. In order to respond appropriately to such crisis situations, the therapists begin each session with an enquiry about immediate concerns. Where they exist, therapists determine whether the issue can be solved or not. If solutions are possible, therapists develop action plans with the dual aim of specifying small manageable steps that will help alleviate the program, and teaching the parent problem solving skills. For crises with no immediate solutions, the aim is to help the parent tolerate the distress associated with the crises sufficiently to enable the parent to meet the emotional needs of the children. In this way the crisis presented by the family becomes a therapeutic opportunity without undermining the integrity of the intervention program.

The PUP program is delivered in families' homes and consists of 12 sessions. The content of the early part of the program addresses the parents' view of themselves as parents, which is typically negative, by encouraging them to acknowledge their parenting abilities. Similarly, parents are encouraged to acknowledge their child's positive attributes. This component of the program highlights the importance of regular child focused play times, and praising their child's pro-social behaviour.

The middle sections of the program typically shift focus to psychological problems and difficulties of the parents – in particular, low mood, anxiety, and emotional regulation. Enhancing coping skills and finding alternatives to drug use are incorporated into sessions and, within the context of a harm minimisation approach, the need to plan instances of illicit drug use to ensure the safety and wellbeing of the children is emphasised.

The latter part of PUP focuses on helping parents acquire and consistently employ non-punitive methods for dealing with problem behaviours, including effective limit-setting and non-punitive consequences for unacceptable child behaviour. Finally, parents are encouraged to extend their social supports by recontacting non-drug using friends and engaging with community agencies such as playgroups and child care centres.

**Table 1** Parents Under Pressure program: Therapist manual unit topics and purpose

Unit topic	Purpose
Unit 1: Assessment	To obtain quantitative and qualitative information to provide content for the development of a treatment plan.
Unit 2: Assessment feedback and checking out	To develop a shared understanding of the major areas of strengths and areas of difficulties, which leads to a treatment plan and shared goals to work towards.
Unit 3: Challenging the notion of an ideal parent	To help bring about change in the view of self as an inadequate or hopeless parent.
Unit 4: More	To provide parents with skills that will increase parental attending to good behaviour and, in turn, increase their children's good behaviour.
Unit 5: Less	To provide parents with skills to decrease their child's undesirable behaviour to an acceptable level, and decrease the use of highly punitive discipline or physical punishment procedures.
Unit 6: How to under pressure	To help parents to become aware of the relationship between their own emotional state and their parenting practices, and to learn how to regulate emotions and tolerate distress.
Unit 7: Coping with lapse and relapse	To ensure that clients have skills and confidence to minimise lapses to the use of drugs and alcohol, avoid relapse and remain in methadone treatment. Harm minimisation approaches incorporated.
Unit 8: Social support networks	To help parents extend their support networks by modelling social interactions and helping parent(s) prepare for social events that may have been avoided in the past.
Unit 9: Life skills	To develop practical life skills including budgeting, nutrition, health care, obtaining housing etc.
Unit 10: Relationships	To help improve effective communication with current partner and to identify past unproductive relationship patterns.

## Theoretical influences

At the level of the individual functioning of the parents, the PUP program uses cognitive behavioural techniques that have been well documented as effective interventions (Beck 1995). The program has also been influenced by Dialectical Behaviour Therapy (DBT) that has been successful in intervening with individuals displaying extreme behaviours, including Borderline Personality Disorder and substance misuse problems (Linehan 1993).

While not specifically developed for high-risk parents, this intervention is relevant in targeting individuals displaying severe problems with impulsivity and emotional regulation, manifesting in behaviours such as substance abuse and self-harm, as well as deficits in interpersonal relationships (Linehan et al. 2002; McMMain, Korman, and Dimeff, 2001; van den Bosch, Verheul, Schippers, and van den Brink 2002). Such individuals have enormous difficulties in problem solving and tolerating distress in their lives – characteristics displayed by many substance abusing and child maltreating parents (Whipple and Webster-Stratton 1991).

The emphasis on the individual functioning of the parents is consistent with other parenting programs for high-risk families. For example, Luthar and Suchman (2000) describe a multifaceted parenting intervention, the Relational Psychotherapy Mothers' Group (RPMG), with standard care in a sample of mothers on a methadone program with a child under 16 years. In acknowledgement of the high rates of co-morbid psychopathology in substance misusing women, and the impact that this has on the ability both to acquire and then implement parenting strategies, the RPMG intervention emphasises techniques aimed at decreasing the psychological distress of the parents.

At the level of the family, PUP has been influenced by the literature describing the efficacy of behavioural family interventions (Sanders, Markie Dadds, Tully and Bor 2000; Webster-Stratton and Reid 2003). Behavioural family interventions are based on the premise that parent-child interactions, particularly the coercive family processes described by Gerald Patterson (1982), maintain child behaviour problems. Interventions are aimed at interfering with the dysfunctional patterns of behaviour through parent training, including the importance of positive interactions (Forehand and McMahon, 1981), and techniques for non-punitive discipline, such as effective limit settings and time-out.

Parent-Child Interaction Therapy (PCIT) includes a powerful and direct intervention through delivery of instructions via an earphone worn by the parent while the parent is playing with their child in an adjacent room. This allows the therapist to guide the parent's interactions with their child and experience the immediate impact of the new interactional style on the dyad relationship (Herschell, Calzada, Eyberg and McNeil, 2002; Urquiza and McNeil 1996). While it is not possible to provide feedback via an ear-bug in the families' homes, PCIT does emphasise the importance of working directly with the parents and the children in play situations. Rather than guiding parents through a microphone, PUP therapists adapt the technique by modelling, prompting and providing feedback on the parent's performance during play sessions with their child in the home setting.

## Case example

A case example is presented here to illustrate that, for high-risk parents, parenting interventions should not assume family problems are the inevitable result of deficits in child management skills, but rather that problems can exist across ecological domains.

A mother on a methadone maintenance program who had been referred to the PUP program had been working as a prostitute for two years while the father had been the primary care giver. The child had a good relationship with the father and showed no serious behavioural problems until the mother gave up prostitution and went on methadone.

Following the decrease in income that ensued, the father carried out a burglary, was caught, and sent to prison. The mother became the sole parent and approached services for help in developing her relationship with her child and confidence as a parent. A major focus for her was a concern that she would relapse to heroin use which was, in turn, related to problems in her ability to regulate her emotions. She had limited social contact and support as she was avoiding friends who were continuing illicit drug users. The emphasis on the intervention was on emotional regulation, extending social support networks, and preventing relapse.



Helping parents acquire and consistently employ non-punitive methods for dealing with problem behaviours.

### *Empirical support for the program*

To date, empirical evidence of the Parents Under Pressure program is drawn from a pilot study, a randomised control trial, and a dissemination study. The pilot study (Dawe, Harnett, Rendalls et al. 2003) was undertaken to determine the feasibility of delivering the PUP program. Twelve families were recruited from methadone clinics. Nine of the families were assessed and completed the 12-session program; eight were recontacted at three months. All families reported significant improvements in three domains: parental functioning, parent-child relationships, parental substance use and risk-taking behaviour (Dawe, Harnett, Rendalls et al. 2003). The families reported high levels of satisfaction with the program. The results were encouraging and provided the impetus to evaluate the treatment program as a randomised controlled trial.

A randomised controlled trial commenced in January 2000, funded by the NH&MRC. This study aimed to determine the relative effectiveness of the intensive, multidimensional approach of the PUP program compared to a brief behavioural parenting intervention and standard care in families in which either or both parents are currently enrolled in a methadone maintenance program.



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The intensive program, PUP, was delivered in families' homes and consisted of up to 12 sessions focusing on parental functioning (including psychopathology and proactive problem solving), the parent-child relationship, beliefs about parental adequacy, and life style issues (including engaging support, problem solving and reducing drug abuse). The brief behavioural parenting intervention consisted of two sessions and was delivered in the clinic. Standard care consisted of the current treatment program of once monthly contact with a caseworker. Using measures sensitive to child behaviour (including behavioural observation of parent child interactions), parental functioning and parental substance abuse, pre and post assessment data were consistent with findings obtained in the pilot study with a substantial decrease in problems in all domains in the intensive condition compared to no change in either the Brief or Standard Care condition. These data have been presented at recent conferences (Dawe, Harnett, and Rendalls 2003; Harnett, Dawe, and Rendalls 2002, 2003).

In 2002, NSW Health funded an evaluation of the dissemination of the Parents Under Pressure program in four NSW Health methadone clinics, allowing an evaluation of the effectiveness of the program under real-world conditions. Evaluation of the dissemination process has focused on the real-world factors that can potentially limit the efficacy of the PUP program. These include diversity in the professional background and level of experience of clinicians in these settings, relaxed exclusion criteria resulting in a greater diversity in

the client group, organisational and resource constraints, and models of ongoing supervision and support for clinicians. This study is currently in progress, thus outcome data are not currently available. However, the emerging picture is that the program is having some success with retaining parents in the program.

### *Application of the program*

The application of the PUP program to families involved with child protective services has been approached with caution. Our research team is concerned that parents may be mandated to attend parenting programs if it is argued that they are "evidence-based" or "empirically supported" (Chambless and Hollon 1998).

No parenting intervention can claim to be effective with all families, and when working with high-risk families it must be assumed that some will fail to respond to even intensive interventions and ongoing support. Simply attending a parenting program is no guarantee that a parent will benefit from the intervention and is better able to meet the needs of the child. Thus, the PUP program includes ongoing assessment of the parent's response to the program as a core component of the intervention.

An assessment first specifies clear behaviourally defined goals for change and then monitors the motivation and ability of parents to achieve these goals. The assessment of potential to change is carried out to determine the additional and ongoing support the family will require to meet the needs of their children. It should be emphasised that the aim is not necessarily to achieve some minimal level of adequate

parenting (Budd 2001), but rather to clarify the strengths and deficits in the family and to gather evidence that can be used to estimate the family's potential to eventually meet the needs of their children.

For families who have little potential to change, clarifying that change is not possible may be as important a goal for the welfare of the children. For families who do make changes, parenting interventions targeting high-risk families will have made a significant contribution in this difficult area of work.

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