Relational Approaches to the Secondary Prevention of Child Maltreatment

KRYSTIN VALENTINO, PH.D.

WILLIAM J. SHAW CENTER FOR CHILDREN AND FAMILIES
UNIVERSITY OF NOTRE DAME
Goals

• What is secondary prevention?

• What are relational approaches to child maltreatment?

• Evidence-based relational approaches
  o Brief
  o Long-term
Prevention

Three categories of prevention:
- Primary, Secondary, Tertiary

Secondary:
- Aims to reduce the impact of a disease or injury that has already occurred

Detecting and treating ASAP to:
- halt or slow its progress
- encourage strategies to prevent reinjury or recurrence
- implement programs to return people to their original health and function
- prevent long-term problems.
Secondary prevention seeks to
- Provide services to families where maltreatment has occurred
- Intervene early
- Prevent long term sequelae
- Prevent recurrence

Over 5yrs, 1 in 2 maltreating families will have a recurrence
Why secondary prevention?

- Risk for recurring maltreatment is high
  - More than 3x greater risk
  - Previous CPS involvement single greatest risk factor
  - Risk highest in first year following initiating incident

- Recurrence higher for young children
  - 0-5 years

- Early intervention—optimal outcomes
What should we do?

- Address the parent-child relationship
  - Maltreatment = pathogenic relationship
    - >90% victimized by parent(s)
    - >80% remain in parental custody
  - Positive parenting can buffer effects of maltreatment on development

- Intervene early
Relational interventions

- Focus on improving the parent-child relationship
  - Maternal sensitivity
  - Attachment organization

- 80-90% of maltreating families have disorganized/insecure attachment

- Attachment security
  - emotional and behavioral functioning, coping, physiological regulation

- Disorganized attachment → maladaptation
Relational interventions

- Interventions are successful at improving sensitivity and attachment
  - Meta-analysis
  - Program components associated with largest effects
    - Brief (5-16 weeks) vs. long-term (20+ weeks) models
    - Is less more?
**Attachment and Biobehavioral Catch-up (ABC; Dozier et al., 2008)**

- Focus on enhancing sensitivity
- Children 6mo-2yrs
- In home, 10 weeks

**Outcomes**

- Evaluated as primary and secondary model
- Improvements in attachment security, maternal sensitivity
- Reduced recurrence
- Child outcomes: emotional adjustment, physiological regulation, cognitive skills

**Practical Considerations**

- No educational requirements for clinician
- Cost-effective
Brief Relational Models

Other Examples
- Promoting First Relationships (Kelly et al., 2008)
- Brief Attachment-based model (Moss et al., 2011)
- Reminiscing and Emotion Training (RET: Valentino et al., 2013)

RET
- Children aged 3-6
- Focus on improving elaborative and emotionally supportive communication between parent and child
- Maltreatment → Communication → Child Outcomes

Practical Considerations
- In home- 4-6 weeks
- No educational requirements for clinician
- Cost-effective
- Associated with 3-fold decrease in DCS recurrence
RET Intervention

Enhancing parent-child communication
- Elaborative
- Emotionally Supportive

Emphasis On

The Heart to Heart Practice Guide

“ABC’s” Of Heart to Heart

ASK- WH questions

BE descriptive
- Describe who was there and what they did
- Describe objects, colors, shapes, sizes, smells
- Describe locations

COMMUNICATE feelings
- Label emotions your child experienced
- Describe the behaviors that indicated the emotion
- Focus on explaining what caused the emotion, and its consequences
Parent Emotion Discussion

Child Emotional Outcome: Emotion References

Intensive Relational Models

Example: Child- Parent Psychotherapy (Lieberman & Van Horn, 2008)
  • Use relationship with mother to model appropriate behavior, explore past relationships interfering with parent-child relationship
  • In home, weekly for 1 year

Intervention Outcomes
  • Evaluated as primary and secondary model
  • Improvements in attachment security, maternal sensitivity
  • Child outcomes: reduced trauma symptoms, improved behavior, physiological regulation

Practical Considerations
  • M.A. requirements for clinician
  • Expensive
Intensive Relational Models

Example: Parent-Child Interaction Therapy (Eyberg & Robinson, 1982)

- In lab, weekly for 20 weeks
- Increase positive parenting; teach specific behavioral techniques to parents
- Applied to child maltreatment (Chaffin et al., 2004)

Intervention Outcomes

- Evaluated as a secondary model
- Improvements in child behavior
- Reduced recurrence of maltreatment

Practical Considerations

- M.A. requirements for clinician
- Expensive
Practical Considerations

- Need to track treatment progress by evaluating mechanisms of change and outcomes
  - Assess maternal sensitivity and attachment security
  - Assess child maltreatment

- Include provision of social support & basic needs support

- Consider group format options
Practical Considerations

- Tiered model of services approach
  - Provide supports and brief models
  - Identify those who may need more intensive treatment
  - Allow for targeted provision of long-term treatment to those who need it

- Can utilize these approaches as primary or secondary prevention
Summary

- Child maltreatment is a ‘pathogenic’ relational problem
  - Prevention efforts should address parent-child relationship

- Evidence-based relational models are effective at improving:
  - Parental sensitivity, parent-child attachment organization
  - Maltreatment recurrence

- Tiered service delivery system including family supports offers flexible and targeted approach to prevention

- Relational approaches can be used as primary or secondary preventive efforts