

Relational Approaches to the Secondary Prevention of Child Maltreatment



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Goals



- What is secondary prevention?
- What are relational approaches to child maltreatment?
- Evidence-based relational approaches
 - Brief
 - 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.

Prevention and Child Maltreatment



- 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?

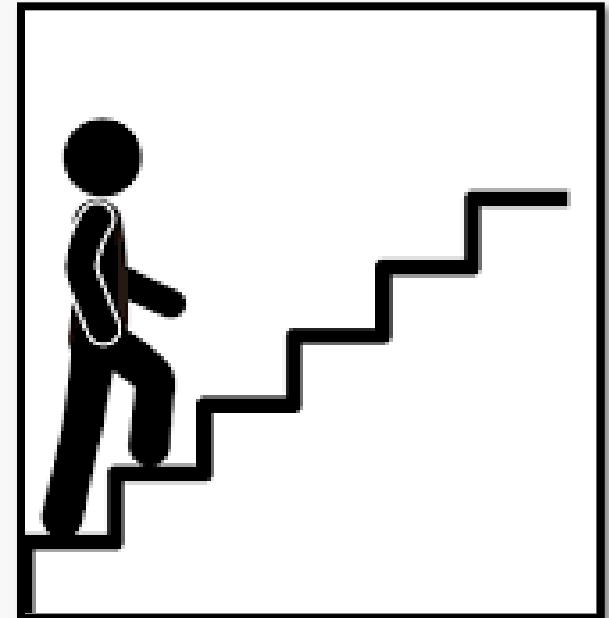


- Risk for recurring maltreatment is high
 - More than 3x greater risk
 - Previous CPS involvement single greatest risk factor
 - Risk highest in first year following initiating incident
- Recurrence higher for young children
 - 0-5 years
- Early intervention— optimal outcomes

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?

Brief Relational Models



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

What? Where? When? Why? And How?

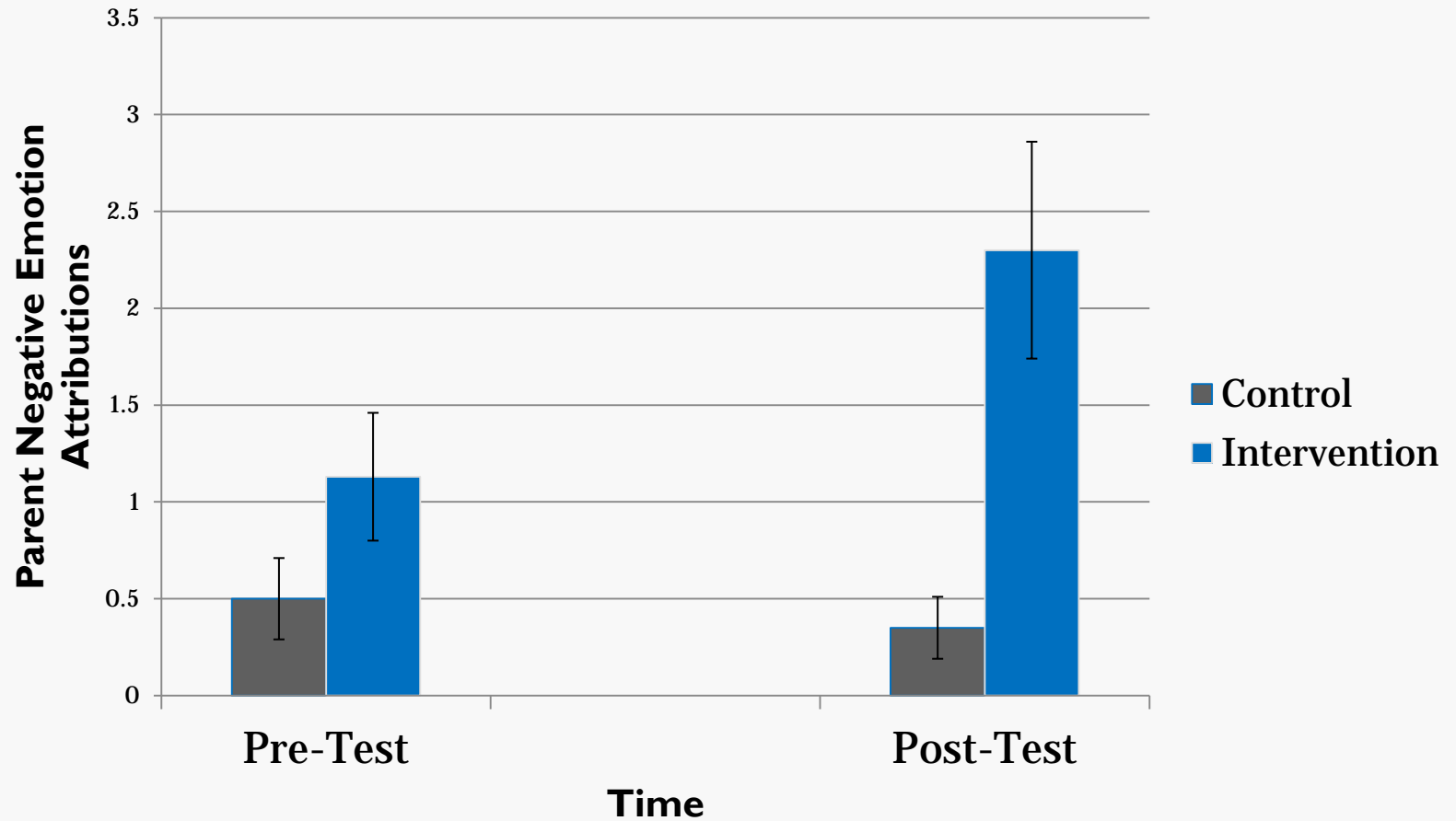
BE descriptive

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

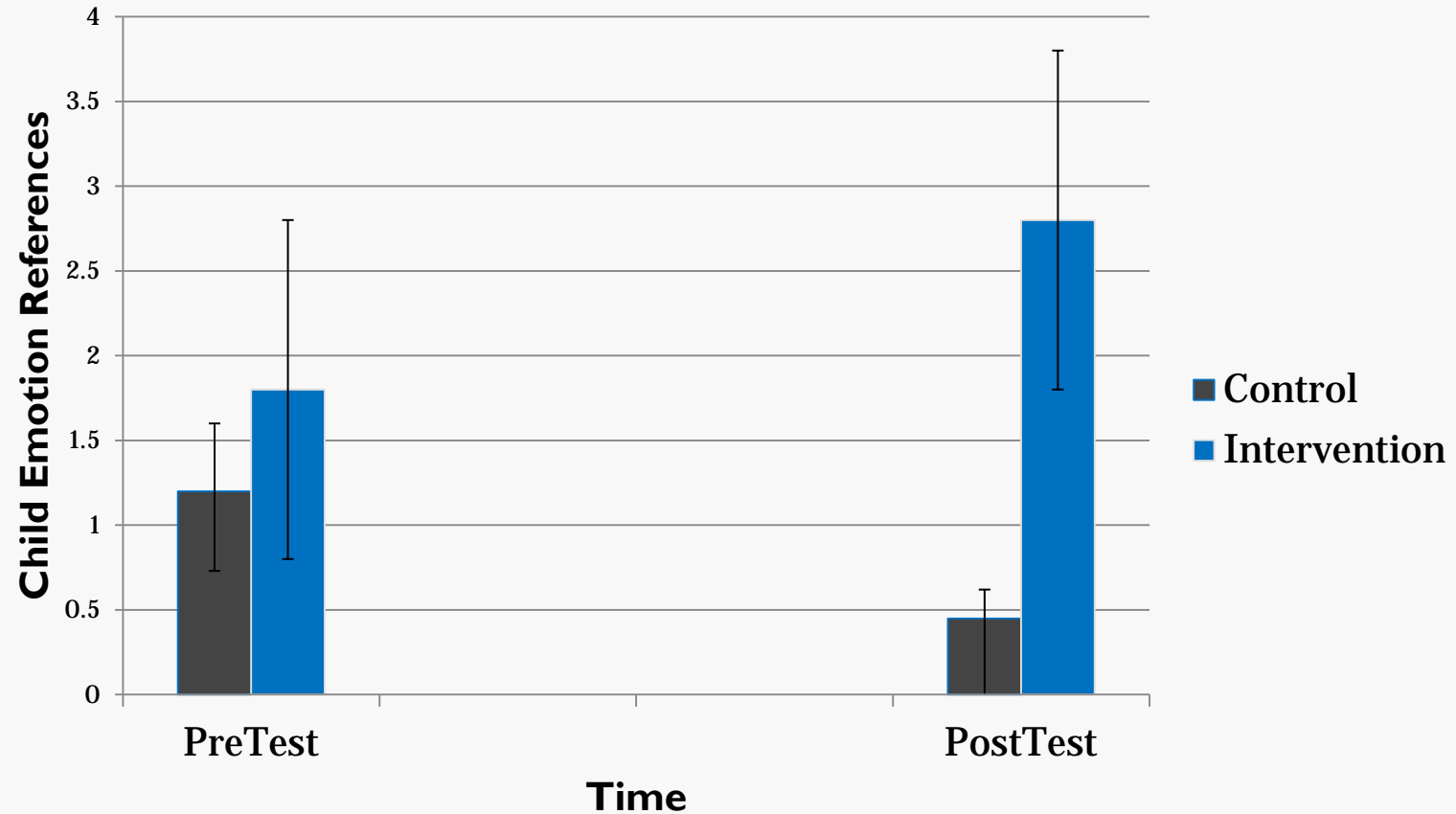
COMMUNICATE feelings

- 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)

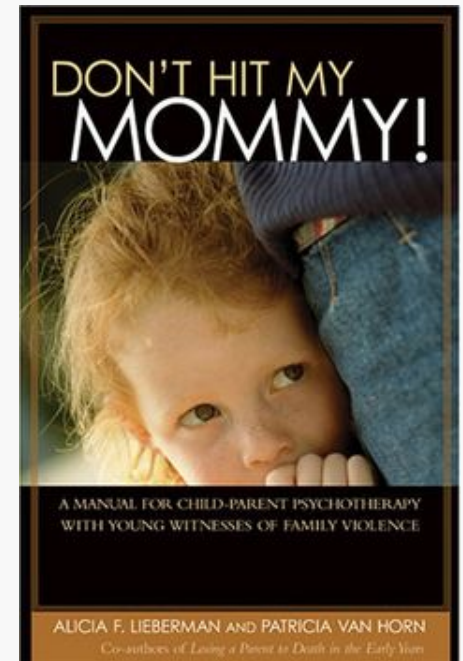
- Use relationship with mother to model appropriate behavior, explore past relationships interfering with parent-child relationship
- In home, weekly for 1 year

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)

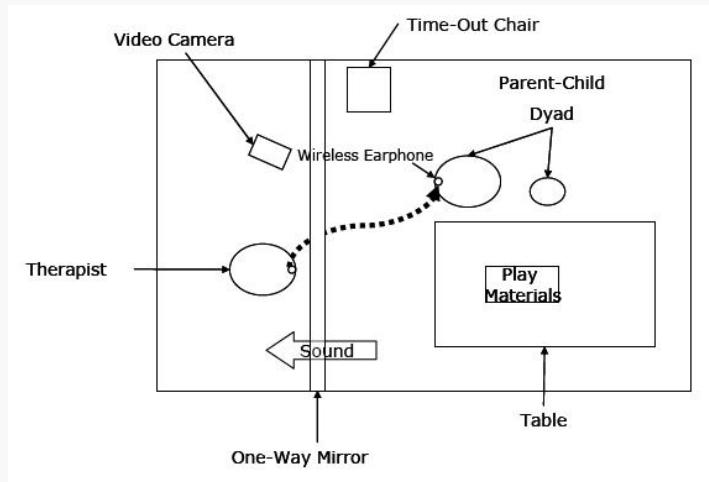
- In lab, weekly for 20 weeks
- Increase positive parenting; teach specific behavioral techniques to parents
- Applied to child maltreatment (Chaffin et al., 2004)

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**