

# The 2016 RAID awards for excellence in working with Challenging Behaviour

## **Entry:**

ADHD Parenting Programme, Family Intervention Team, Gateshead Council.

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The Family Intervention Team (FIT) is a Tier 2 family support service working with 579 families (1044 children) in 2015/16 to provide lead practitioner support for parents/carers struggling to manage challenging behaviour from their children alongside a range of other issues – debt, home conditions, unmet health needs and domestic violence and abuse. The majority (51.6%) of referrals to the FIT are from frontline social work teams (539 children), followed by education (314 children) and health (105). Remaining referrals are made from partners in housing, probation, early years providers and the voluntary sector.

In addition to lead practitioner support, the FIT deliver a range of nationally recognised psychoeducational parenting interventions and have developed an Attention Deficit Hyperactivity Disorder (ADHD) parenting pathway which has led to significant outcomes for the adult participants and their children.

## **The Model**

The programme is a hybrid of approaches developed by Barnardos (The Parent Factor in ADHD)<sup>i</sup>, Family Nurture, 123 Magic, Triple P<sup>ii</sup> along with bespoke materials developed by the group facilitators. The programme uses a combination of role-play, video, practical games, exercises and demonstrations.

The pathway aims to create a suite of bespoke parenting tools which can be used by parents/carers to prevent the escalation of challenging behaviour and to manage crisis situations, including use of safety planning where there are immediate or short-term risks of harm.

## **The Programme**

Children (aged 5-18 years) must have a diagnosis of ADHD for their parents/carers to be eligible for the programme. Groups can include up to ten participants.

The nine-week programme aims to:

- Increase parents'/carers' understanding of ADHD;
- Empower families to manage conflict and anticipate triggers for challenging behaviour;
- Promote effective problem-solving and communication skills;
- Broker peer support and specialist advice from health professionals.

A summary of the programme syllabus is given below:

<b>Week</b>	<b>Topic/Theme</b>
<b>1</b>	Parenting Self Assessment (Entry) ADHD Timeline
<b>2</b>	Definition and characteristics of ADHD Diagnosis and treatment
<b>3</b>	Role of the effective parent Dealing with inattention and fostering independence
<b>4</b>	Parenting styles Impact of parenting styles on children
<b>5</b>	Communication Learning styles
<b>6</b>	Impact of feelings on behaviours Scenario (behaviour) planning
<b>7</b>	Working effectively with schools SEN and Single Plan pathways and support
<b>8</b>	Attention-seeking behaviour and appropriate responses Using rewards
<b>9</b>	Evaluation Parenting Self Assessment (Exit)

### **Strategies**

The pathway provides practical strategies for managing a range of challenging emotions and behaviours – typically frustration, anxiety, guilt ideations, impulsivity, destruction, hyperactivity, anger, inattention, physical aggression, self-harm, inappropriate sexualised behaviour, disruption (home and school), misuse of drugs and alcohol, stealing, absconding and withdrawal.

Strategies include use of distraction, choices and consequences, reward systems, visual aids, consistent routines, parental consistency, effective rules, in-depth work on the impact of different parenting styles, positive reinforcement, differentiation, negotiation, contracting, setting clear expectations, 'picking battles', managing the environment and methods to encourage and instil positive self-esteem and independence.

The pathway uses a robust process of self-evaluation for parents/carers to support reflection on current parenting styles and capacity. This is scored as a baseline and re-scored at exit from the programme.

Motivational Interviewing (APT trained staff in 2014) techniques are used to explore readiness for change in pre-meetings held with all participants and again during the programme.<sup>iii</sup> This includes encouraging the person to talk, generating self-motivational statements, dealing with resistance, developing readiness to change and negotiating a plan, developing determination and action. The five key principles underpinning the Stage of Change are utilised to (a) encourage entry to the programme and (b) address the pessimism of participants that they have the capacity to make changes and regain control (expressing empathy, developing discrepancy, avoiding arguing, rolling with resistance and supporting self-efficacy). A ‘mood and wellbeing thermometer’ is used with parents/carers prior to each session.<sup>iv</sup>

Visual aids (for use of parents/carers with children) are introduced throughout the programme to demonstrate how domestic routines can be segmented into simple sequences (often displayed throughout the home) including specific timelines for dressing, eating, toileting and washing. Parents/carers report significant improvements in children’s behaviour across known triggers for challenging behaviour (morning routines, for example) where long-term memory (retention) of instructions (and their literal interpretation) can become stressors for escalating behaviour.

The programme is seeking to incorporate learning from the Early Intervention Foundation Evidence Review on inter-parental conflict into the programme.<sup>v</sup> Facilitators have recently (June 2016) been trained in ‘Think Couple’ approaches by Tavistock Relationships. The FIT are developing relational approaches across all family interventions as part of the DWP Local Family Offer pilot.

### **After Care & Peer Support**

Participants are able to use a guided, monthly ADHD network group to share progress on using strategies and to protect time for respite and reflection on ‘what works’. The programme places a significant emphasis on the wellbeing of the parent/carer.

### **Results & Outcomes**

The pre and post programme questionnaire uses a 1-6 scoring scale, as shown below:

<b>1</b>	Strongly Agree
<b>2</b>	Agree
<b>3</b>	Mildly Agree
<b>4</b>	Mildly Disagree
<b>5</b>	Disagree
<b>6</b>	Strongly Disagree

A sample of questionnaires from 40 participants has been collated below to show the average scores for both pre and post programme questionnaires on parenting capability – all are proxy measures on managing the challenging behaviour of their children.

<b>Parenting Statements</b>	<b>Pre Course Average Score</b>	<b>Post Course Average Score</b>
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I feel confident in my parenting role	3.7	1.5
I enjoy my parenting role	3.8	1.6
I find being a parent stressful	2.6	2.4
My child/ren comply with my requests	4.7	2.4
I communicate well with my child/ren	3.6	1.7

This demonstrates improved parenting capacity across all five parenting statements. The child/ren complying with parental requests has improved the most (+ 2.3), marginally more than both increased confidence in performing the parenting role (+ 2.2) and enjoyment of the role (+ 2.2). Improved communication with children (+ 1.9) has also improved and parents/carers also record feeling slightly less stressful (+ 0.2) about their parenting role.

### **Case Study:**

Child J (9) holds a dual diagnosis of ADHD and ASD. J displays high-level defiant and resistant behaviours, including refusal to take his medication. J attempts to control family life and relationships. Mother described the family as being at “breaking point”. Parents were called to numerous meetings at school about challenging behaviour and J showing a lack of pro-social behaviour among peers which resulted in increasing isolation at home after school hours.

Mother now reports a calm, confident parenting style, rooted in a clear understanding of ADHD, and of re-taking control of family life. J’s mother has prepared a video statement which is attached with this submission.

Text taken from the video testimony is also given here:

*My life changed forever the day my son was diagnosed with ADHD . . . it hit me like a thunderbolt. Attending that course was the single most important decision I have ever made. It soon became apparent that my child needed a special kind of parenting and my attendance on this course showed me how. This was by far the best course I have attended. The FIT team have helped me in so many ways. They provided me with coping strategies, acted as unpaid counsellors. Their advice helped me to re-connect with my son in a way I never thought I could. I am now equipped with the tools I need to help myself to make it better.*

## End notes and references

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<sup>i</sup> Barnardos – The Parent Factor; Belk, Connor, Brunton, Graham, McGuiness (2003)

<sup>ii</sup> Evidence/research sources for the named programmes can be found here: (Family Nurture) <https://www.familylinks.org.uk/> (Triple P) <https://www.pfsc.uq.edu.au/research/evidence/> (123 Magic) <http://www.123magic.com/>

<sup>iii</sup> Transtheoretical Stages of Change; Prochaska, DiClemente (1983)

<sup>iv</sup> Mood Thermometer – ADHD Together  
<http://www.adhdtogether.com/sites/default/files/resources/S23-P4-C1-TOO1.pdf>

<sup>v</sup> What works to enhance inter-parental relationships and improve outcomes for children: Early Intervention Foundation – Harold, Acquah, Sellers & Chowdry (2016)