



Calgary Counselling Centre



Treatment for Abusive or Aggressive Children and Youth: An Ongoing Evaluation

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Overview

- The Calgary Counselling Centre has offered family violence treatment for over two decades.
- This presentation briefly describes the Responsible Choices for Children and Parents program which is focused on children who bully and experience bullying
- Evaluation data from 2002 to early 2005



Background

- Designed to address child, parent, and family factors
- Focused on children ages 3-18, who are abusive or aggressive at home or at school.
- Many children referred to the program have lived through traumatic life experiences
- At least one parent must participate in the concurrent parents program; both are encouraged to attend.



Intervention with Parents

- Intervention with parents is based on parent management training principles, which teaches parents to change their children's behaviours; improving parent-child interactions; and enhancing parent child communication, supervision and monitoring.



Intervention with Children

- Intervention with children is based on cognitive problem solving skills training to address cognitive deficiencies and distortions as well as treatment of underlying attachment-trauma related problems using a play therapy modality
- Parent involvement in the treatment is critical.



Intervention with Children

- Unsafe life experiences frequently remain unnoticed in children due to their inability to verbally share what happened to them
- The child may be unable to move forward until he or she has been able to work through the trauma and regain a sense of mastery and competence over his/her life (James, 1989; James, 1994; Johnson, 1989).



Intervention with Children

- Children express themselves best through play.
- Under certain conditions, children can express and process their traumas and emotions through play therapy.
- The process of expressing the trauma combined with a positive and strong therapeutic relationship with the therapist helps the child resolve the trauma and regain competence and mastery over his/her life.
- Parent involvement in the process is critical



Intervention with Children

- Interventions used in the Responsible Choices for Children and Parents group aim to help children change through emotional reprocessing of the trauma and cognitive reprocessing of the impact or residual effect the trauma has left them with.



Admission Guidelines

- Admission to the group program follows a period of individual counselling and engagement with the primary therapist.
- Approximately 3 to 10 individual/family counselling sessions may take place prior to group registration.
- Part of the pre-group counselling involves a thorough psychosocial assessment of the child and the family.



Group Size

- Optimum group size for this program is approximately 5 to 6 children for each of the 5 children's groups and approximately 15 parents for the parenting group.



Reasons for Referral

- Acting out behaviours in school
- Problems paying attention in school
- Difficulty getting along with peers at school
- Difficulty making friends
- Children who seem to get picked on a lot in school or on the playground
- Children who get in trouble for bullying other children



Reasons for Referral

- Children who lie
- Difficulty getting along with parents
- Difficulty getting along with teachers
- Acting out behaviours in the home
- Difficulty getting along with siblings
- Children who throw temper tantrums
- Children who are grouchy a lot of the time
- Unhappy children



Reasons for Referral

- Difficulty listening to parents or following instructions
- Getting involved in gangs at school
- Readily influenced by children with anti-social behaviours
- Children who demonstrate verbal abuse
- Children who demonstrate other aggressive behaviours
- Children who internalize aggression and show it as anxiety, nightmares, non-organic aches and pains, suicidal ideation, etc.



Goals of the RCC Program

- To decrease the acting out behaviours of children and youth through:
 - Improving parenting skills
 - Increasing warmth between children and parents
 - Increasing the parents ability to manage their children's age appropriate behaviour
 - Increasing problem solving communication between parents and children



Goals of the RCC Program

- To increase the positive qualities in the parent-child relationship
- To increase and enhance family resilience
- To assist families in becoming more firmly linked with their community by enhancing the family's ability to seek and obtain support from their community, neighbours, church, and extended family members.



Theoretical Foundations

- The RCC program applies principles of family systems treatment, cognitive-behavioural interventions, and group play therapy principles



Dysregulation

- Dysregulation is noticed in the child's emotions and behaviour.
- The child may change dramatically: He may be over-controlled 1 week and under-controlled the next.
- Some traumatized children are constantly bombarded with stimuli against which they desperately try to defend (James, 1989; James, 1994; Jewett, 1982; Johnson, 1989; Monahan, 1993).



Dysregulation

- Dysregulation of the child's emotional state impacts the central nervous system, leaving a neurophysiological trail of damage.
- With acute stress or trauma, the impact is rapid but reversible.
- With chronic or prolonged stress, the impact is more persistent, resulting in abnormal brain patterns. The chronic stress results in depleted neurotransmitters leading to chronic dysregulation.



Dysregulation

- Other indicators of dysregulation include no response to stressful or upsetting situations, overreactions to minimally stressful situations, sleep disorders, posttraumatic stress disorder, attention deficit disorder, compulsive behaviours, oppositional behaviours, and dissociation.
- Dysregulation is always accompanied by cognitive distortions (James, 1989; James, 1994; Jewett, 1982; Johnson, 1989; Monahan, 1993).



Attachment

- Traumatized children usually have attachment difficulties, expecting adults to be powerless or not helpful.
- This may result in the child feeling anxious, ambivalent, and out of control in the presence of adults.
- Traumatized children also difficulty with self-regulation—they are unable to calm themselves or control their behaviours or strong emotional reactions.



Attachment

- This may show up as difficulty with controlling impulses, over arousal, and experiences of intruding thoughts and images about the victimization.
- When self-regulation difficulties are expressed outwardly, it shows up as aggression.



Attachment

- Internalized difficulties with self-regulation include difficulties with sleep, dissociation, or panic.
- Traumatized children have great difficulty developing a sense of self.
- Their “outside self” is not well linked or aware of their “inside self.”
- A major goal of treatment is to help the child begin connecting the inner and outer selves (James, 1994)



Trauma

- Without treatment, traumatized children put significant energy into avoiding awareness of overwhelming & frightening memories.
- Children may use defence mechanisms to avoid the trauma memories such as splitting, dissociation & suppression.
- Avoidance mechanisms include extreme withdrawal, constricted physical and emotional expression or dangerous risk taking and aggression.



Trauma

- Unresolved trauma can result in children being unable to engage in fantasy play, imagination, or dreaming about the future.
- Intense reactions to negative stimuli can result in learning difficulties that confirm the child's perceived inadequacies.
- Failing to address the trauma makes it impossible to deal with misperceptions & distortions that develop because of the trauma.



Resolving Trauma

- Although resolving the trauma is painful, it is a necessary step to healing.
- Gently unwrapping of the trauma, and the events in slow motion, so as to help the child understand, accept, and then put away, are necessary processes in resolving and integrating the trauma and moving again toward mastery and competence



Resolving Trauma

- Therapy with traumatized children is about integration of behaviour, affect, sensation and knowledge to achieve regulation.
- The formula is, "emotions and sensations plus cognitions = regulated behaviours" whereas "emotions and sensations minus cognitions = dysregulation."
- Treatment is both an emotional and cognitive task.



Resolving Trauma

- Within the RCC program, the emotional reprocessing of the trauma begins to take place through:
 - the corrective therapeutic relationship with the child,
 - through the experiential play therapy component of the group, and
 - the filial therapy component of the group



Resolving Trauma

- Cognitive reprocessing takes place during the experiential component of therapy by allowing the cognitive distortions to be demonstrated through play.
- The behavioural displays are linked to feelings and sensations, challenging the distortions by developing competence through skill development exercises & verbal linking of feelings, sensations, cognitions, and behaviours.



Resolving Trauma

- Fragmentation of behaviour, affect, sensation, and knowledge results in dysregulation and halts the child's psychological and emotional development.
- Integration results in regulation and therefore will allow the child to once again move forward along the emotional developmental continuum (Carlson, 1997; James, 1989; James, 1994).



RCC Program Philosophy

- The philosophy of the program rests upon a systemic presupposition for family treatment.
- All family members are encouraged to participate in the program
- Family participation is required to begin establishing positive and cohesive relationships that are necessary to support the changes that will occur as a result of the group process.



RCC Program Philosophy

- The program is designed primarily to help children change
- A key part of this is the involvement and participation of the parents in the concurrent group program.
- It is preferable that both parents attend., however one parent is required to attend for the child to be accepted in the program.



RCC Program Philosophy

- The Responsible Choices for Children and Parents program promotes early intervention of primary issues but also addresses problem behaviours considered secondary and tertiary. Further, the program is designed to assist children and parents regardless of the specific problem.



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Program Activities

Summary



1. Establishing a Foundation of Safety

- Begin establishing a safe and nurturing environment so the client system will gravitate toward the reparative experience. Done through contracting, establishing rules & guidelines, providing choices, structured activities, instructions & therapeutic rituals
- Pre-tests
- Introduce Lunch Program



2. Engaging & Developing Trust

- Reinforcing boundaries and control over one's own body space
- Evaluating resistance expressed as externalizing and internalizing behaviours.
- Understand motives, feelings & attitudes underlying resistant behaviours of the client system
- Choose therapeutic interventions that assist in overcoming resistance & develop a working alliance



Engagement, continued

- Assist in experiencing enjoyment in therapeutic relationship
- Assist in overcoming resistance to therapy
- Assist in beginning to explore parts of self through therapeutic activities
- Assist child to experience fantasy
- Assist self expression verbally and through actions
- Assist client system experience positive emotions



3. Building Cooperation to Enhance Social Skills

- Focus on enhancing relationships
- Focus on themes to help client system understand current internal working model for social behaviours
- Provide opportunity to client systems to develop relationships with facilitators to enable emotional reprocessing to begin and enable client system to begin responding to situations from a cognitive processing position versus emotional reactions



4. Establishing Positive Family Connections to Meet Emotional & Physical Needs

- Help client system understand current working models of family connections & modify maladaptive internal working models
- Provide experiential therapy for client system to experience that relationships are not all the same, to stimulate emotional reprocessing & to question internal model of relationships & allow cognitive reprocessing to take place
- Assist self-expression and communication
- Assist using creative and metaphoric thinking
- Assist client system in externalizing internal dilemmas, issues & working model of self



5. Thinking Ahead Problem Solving

- Identify external or internal locus of control. Assist client system in experiencing corrective internal locus of control through therapy activities that challenge the distorted external locus of control model that disempowers the client system &/or prevents effective problem solving
- Identify how the client system functions in problematic situations
- Assist client system experience corrective problematic situations through cognitive reprocessing of the problem



6. Develop Empathy to Establish a Foundation of Strong Emotional Connections

- Identify how the client system views empathy
- Assist client system to experience a corrective empathy relationship in therapy to challenge the distorted model that he/she currently holds
- Identify how the client system functions in situations that call for empathy
- Continue to identify parts of self particularly as it pertains to empathy



7. Learning to Respond to Problematic Social Interactions in Positive Ways

- Identify client system's beliefs about social interactions and his/her role in them
- Assist client system in experiencing a corrective social interaction in the therapeutic session so as to challenge the distorted model
- Identify how the self functions in social interactions



8. Learning to Understand and Manage Anger

- Assist client system to recognize when old governing images or internal working models are not accurate as pertains to anger (internal & external) and help client system modify those models to healthier models of anger expression and management
- Identify how the self functions in situations that may elicit anger
- Identify how the client system views anger. Assist client to experience a corrective anger expression in therapy session to challenge the distorted model



9. Learn to Make Responsible Choices to Improve Interpersonal Competence

- Assist client system in recognizing old governing images or internal working models that are inaccurate as pertains to choice & help client system modify to healthier models
- Identify how the self functions in situations that require choices
- Identify how the client system views choice & constraints to choice
- Assist client system to experience a corrective choice situation in therapy session to challenge the distorted model



10. Putting it all Together: From Distress to Resilience

- Assist client system in consolidating new internal working model
- Highlight competence and mastery
- Validate change in a concrete and memorable way to help client system maintain change, comprehend the value of change, and significance of hard work
- Begin disengagement process



11. Saying Good-Bye

- Validate change
- Prepare for celebration of change
- Discuss future treatment needs of client system with family



12. Celebration

- Post-tests
- Celebration of Change



Program Evaluation – Child Functioning

- The Children's Depression Inventory
- Child depression can be defined as a temporary mood state and a clinical disorder (Emery, 1999).
- Depression in children is the "common cold" of childhood emotional disorders (Simmons, 1996).
- Depressed mood is a marker variable indicating the increased risk for the onset of more serious forms of depressive disorders in children.



Program Evaluation – Parenting

- Parenting Stress Index (Abidin): A screening tool for parents to identify stress that may contribute to their child's behavioural and emotional problems.
- The link between parenting stress and child behaviour has been established. Behaviour problems of children are highly correlated with parental stress (Crowley & Kazdin, 1998).
- Parenting stress correlates with intensity of negative child behaviour (Cuccaro, Holmes, & Wright, 1993; Eyeberg, Boggs, & Rodriguez, 1992).



- Parent Child Relationship Index Pre used to measure the parent-child relationship pre & post.
- The parent-child relationship is an key contributor to child functioning. When mothers and fathers are perceived as important sources of affection, assistance, and support for their children, they were less likely to engage in negative behaviours (Lempers & Clark-Lempers, 1992)
- Forehand, Wierson, Thomas, Fauber et al .(1991): a positive parent-child relationship mediated the effects of family stressors such as conflict and divorce.



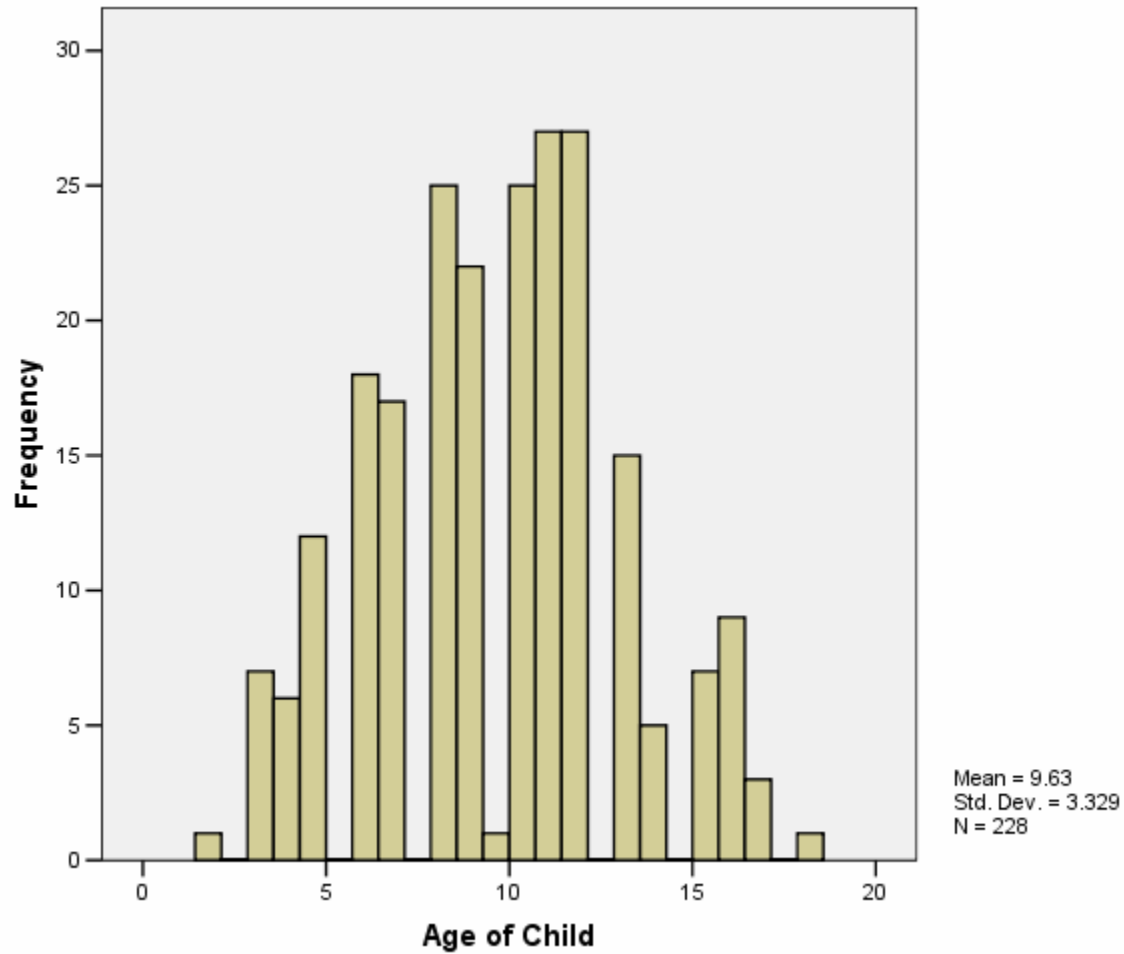
Program Evaluation - Resiliency

- Family Index of Regenerativity and Adaptation-Revised measures resiliency in families.
- Numerous aspects of family functioning are relevant to children's mental health (Brown, Eichenberger, Portes & Christenson, 1992).
- Negative family interaction patterns harm children (Kaslow, Rehm, Pollack & Siegal, 1990).
- Child adjustment & depression strongly linked to family conflict/dysfunction (Jaycox & Repetition, 1993; Stoneman, Brody & Burke, 1989).



Children in RCC Groups

- 235 children took part
- 138 (60.5%) were male
- 90 (39.5%) were female
- Their ages ranged from 2 to 18 with an average of 9.6 years.





Families with Children in RCC groups

- 124 families (63.6%) had two children in group.
- 67 families had one child (39.4%)
- 4 families (2.1%) had three children



Times Child Repeated Group

- For most children, it was their first RCC group (215 or 96%)
- Seven children (3.1%) repeated once
- Two children (0.9%) repeated twice.



Parent's Ages

- Mothers (N=105) ranged in age from 22 to 61 with an average of 38.4 years.
- Fathers (N=35) ranged in age from 27 to 54 with an average of 42.6 years.



Marital Status of Parents (N=140 of 235)

Married	56	40.0%
Separated	27	19.3%
Single	24	17.1%
Divorced	23	16.4%
Widowed	5	3.6%
common law	5	3.6%



Parents' Education

	Mother's Education	Father's Education
grade school	1 (.8%)	0
junior high school	5 (4.2%)	3(9.4%)
senior high school	35 (29.4%)	10 (31.3%)
technical/vocational	54 (45.4%)	8 (25%)
university	21 (17.6%)	9 (28.1%)
postgraduate	3 (2.5%)	2 (6.3%)
Total	119	32



Parent that Completed Questionnaires

- Using the parent with most complete data set:
- In 164 cases (85.9%) this was the mother.
- In 24 cases (12.6%) this was the father.
- Two same sex-fathers completed the questionnaire
- In one instance there was no parent data.



Child Depression Index Scores

Self-Report by Child	Pretest	Posttest	T-value
Negative Mood (N=108)	51.8	48.6	2.8 (.006*)
Interpersonal Problems (N=108)	52.6	50.5	1.8 (.068)
Ineffective (N= 109)	49.1	48.1	1.1 (.291)
Anhedonia (N=110)	52.6	47.9	4.4 (.000**)
Negative Self-Esteem (N=110)	50.7	48.0	2.7 (.008*)
CDI Total (N=111)	52.4	48.3	3.5 (.001*)



Clinical Assessment of Behavior I

Completed by Parent	Pretest	Posttest	T-value
Internalizing Behaviors (N=24)	56.8	54.1	1.88 (.073)
Externalizing Behaviors (N=24)	58.3	54.6	3.08 (.005)*
Critical Behaviors Clinical (N=15)	54.4	55.8	-0.6 (.54)
Social skills (N=24)	43.2	48.8	-4.2 (.000)*
Competence (N=24)	43.7	46.3	-2.3 (.028)
Adaptive Behaviors (N=15)	44.5	49.0	-3.4(.004)*
Behavioral Index (N=24)	58.9	53.8	3.9 (.001)*
Anxiety (N=24)	56.9	54.8	1.86 (.076)
Depression (N=24)	57.9	53.8	2.47 (.021)



Clinical Assessment of Behavior II

Anger (N=24)	57.8	53.4	3.46 (.002)*
Aggression (N=24)	58.6	53.8	4.26 (.000)*
Bullying (N=24)	56.8	52.4	3.74 (.001)*
Conduct Problems (N=24)	57.6	55.3	1.69 (.105)
Attention Deficit/Hyperactivity (N=24)	56.4	52.5	3.3 (.003)*
Autistic Spectrum Behaviors (N=24)	57.3	53.1	3.27 (.003)*
Learning Disability (N=24)	56.5	53.2	2.39 (.025)
Mental Retardation (N=24)	57.9	52.8	3.65 (001)*
Executive Functioning (N=24)	43.2	46.5	-2.8 (.010)
Gifted and Talented (N=24)	43.0	46.3	-2.7 (.012)



Parent's Pre/Post Changes

Measure	Pretest	Posttest	T-value
FCC (N=41)	14.4	15.9	-4.1 (.000**)
FHI (N=41)	40.3	44.7	-4.3 (.000**)
FD (N=19)	185.6	157.9	1.3 (.23)
PSI-Parental Difficulties (N=74)	54.4	23.9	1.6 (.10)
PSI- Difficult Relationship (N=24)	29.1	25.2	2.0 (.06)
PSI-Difficult Child (N=69)	38	33.6	4.5 (.000**)



Parent Child Relationship Scale (PCR)

Measure	Pretest	Posttest	T-value
PCR Support (N=52)	20.2	23.0	-4.6 (.000)**
PCR Satisfaction with Parenting (N=15)	34.3	34.3	0.0 (1.00)
PCR Autonomy (N=7)	28	30	-1.2 (.27)
PCR Involvement (N=13)	40.5	43.7	-1.8 (.097)
PCR Communication (N=7)	22.4	24	-1.3 (.23)
PCR Limit Setting (N=13)	29	31.7	-1.36 (.20)



Clinical Considerations

- Children in the RCC groups improved on a number of clinical measures both from their own and their parents' perspectives.
- Parents felt significantly more supported.
- These early evaluation results support the efficacy of the RCC groups.



Bibliography

- Brown, J.H., Eichenberger, S.A., Portes, P.R., & Christensen, D.N. (1992). Family functioning factors associated with adjustment of divorce. *Journal of Divorce and Remarriage*, 17, (1/2), 81-95.
- Carlson, E.B., (1997) *Trauma assessments: A clinician's guide*. New York: Guilford Press.
- Emery, R.E. (1999). *Marriage, divorce and children's adjustment* (2nd ed). Thousand Oaks, CA: Sage.
- Forehand, R., Wierson, M., Thomas, A.M., Fauber, R., Armistead, L., Kempton, T., & Long, N. (1991). A short-term longitudinal examination of young adolescent functioning following divorce: The role of family factors. *Journal of Abnormal Child Psychology*, 19, (1), 97-111.
- James, B. (1989). *Treating traumatized children: New insights and creative interventions*. New York: the Free Press.



- James, B. (1994). *Handbook for treatment of attachment-trauma problems in children*. New York: The Free Press.
- Jaycox, L.H., & Repetti, R.L. (1993). Conflict in families and psychological adjustment of preadolescent children. *Journal of Family Psychology, 7*, (3), 344-355.
- Jewett, C.L., (1982). *Helping children cope with separation and loss*. Harvard, MA: the Harvard Common Press.
- Johnson, K. (1989). *Trauma in the lives of children*. Alameda, CA: Hunter House.
- Kaslow, N.J., Rehm, L.P., Pollack, S.L., & Siegal, A.W. (1990). Depression and perception of family functioning in children and parents. *The American Journal of Family therapy, 18*, (3), 227-235.



- Lempers, J.D., & Clark_Lempers, D.S. (1992). Young, middle, and late adolescents' comparisons of the functional importance of five significant relationships. *Journal of Youth and Adolescence*, 21, (1), 53-96.
- Mash, E.J., & Wolfe, D.A. (2002). *Abnormal Child Psychology* (2nd ed). Belmont, CA: Wadsworth Group.
- Monohon, C. (1993). *Children and trauma: A guide for parents and professionals*. San Francisco, CA: Jossey-Bass.
- Simmons, R.L. (1996). *Understanding differences between divorced and intact families*. Thousand Oaks, CA. Sage.
- Stoneman, Z., Brody, G.H., & Burke, M. (1989). Sibling temperaments and maternal and paternal perceptions of marital, family, and personal functioning. *Journal of Marriage and the Family*, 51(1), 99-113.
- Wright, L.W., & Leahy, M. (1994). *Nurses and families: A guide to family assessment and intervention* (2nd ed). Philadelphia, PA: F. A. Davis and Company.



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PROGRAM NAME AND BRIEF DESCRIPTION:

The Responsible Choices for Children and Parents Program (RCC) was developed in response to parents requesting services for children who are abusive and aggressive at home and at school. The program is offered as a component of Calgary Counselling Centre's Family Violence Programs and is targeted to children who have begun perpetrating abuse. The driving principle of the program is if we can stop abusive behaviour at an early age, we can prevent violence in the long term. The program targets children aged 3-18. At least one parent must participate in the parenting group for a child to participate in the children's group. Children's groups run concurrently with the parents group. In the twelve week group program, children learn to express their feelings honestly and directly without resorting to abuse or manipulation. They learn that abusive behaviour is not an option to communicating or a method of personal validation. Parents learn to support the changes their children are making. The program runs for two and one half hours for twelve weeks. Calgary Counselling Centre group facilitators work in the program with the assistance of an intern, resident and volunteer.

PROGRAM GOALS:

The goal of the Responsible Choices for Children and Parents program is to reduce aggressive and antisocial behaviors of children by (1) modifying children's antisocial behaviors, (2) increasing and enhancing the positive qualities of the parent-child relationship, (3) decreasing dysfunctional parent-child interactions, and (3) strengthening the family.

THE EVALUATION

The children, parents, and staff completed a number of standardized measures at pretest and at group completion. Children aged 8 and over completed the Children's Depression Inventory. Child Progress Reports; the parents completed the Parent Child Relationship Inventory and the Parenting Stress Index, and all family member old enough competed the Family Index of Regenerativity and Adaptation – Revised, and a Client Satisfaction Survey.

The presentation describes the demographic characteristics of the children and parents involved and compare the pre and posttests of approximately 93 children (sometimes more than one from each family) and their parents (N= 84). The implications of these outcomes for practitioners who work with such populations are highlighted.