

Process and Evaluation of a Group Intervention for Mothers with Parenting Difficulties

Twenty-one mothers with severe parenting difficulties, including 12 children on the Child Protection Register, were involved in an intensive parenting intervention. The 4-month group-based package included psychotherapy to allow mothers to come to terms with past and present stressors, and direct and video work with mothers and children using a multi-dimensional model of parenting. Considerable positive change in interaction and child centredness was evident when before and after videotapes of the mothers and children were compared. Negative interaction dropped to one-quarter of the pre-group level and mothers were more effective in exercising appropriate control. Of the 12 children on the Child Protection Register, 10 subsequently had their names removed, with both remaining children returning to the mother's care from compulsory care. This compares favourably with area figures, suggesting that about one-third of children are removed annually from the register. The multi-dimensional model of parenting not only provided a basis for measuring mother's skills but a coherent focus for intervention.

KEY WORDS: Prevention, Parenting, Group therapy, Intervention.

Child abuse is a direct result of parenting breakdown, often in a context of social stress and disadvantage, leading to a failure of the family to provide the care, support and control which will enable the best development of the child. Prevention of child abuse must, therefore, be aimed at supporting families in the difficult job of bringing up children. Parenting is a complex, demanding and vital job for which there are no qualifications, no training, little support and maximum opprobrium when it goes wrong. The importance of prevention of parenting breakdown and

*Address for correspondence: Christine Puckering, University Department of Psychological Medicine, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXH.

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Christine Puckering*

Lecturer in Clinical Psychology
Gartnavel Royal Hospital
Glasgow

John Rogers

Social Worker
Alloa Family Centre

Maggie Mills

Clinical Psychologist &
Psychotherapist
West Lambeth CC Trust

A.D. Cox

Professor of Child Psychiatry
United Medical School of St Thomas
and Guy's Hospital

Magdalena Mattsson-Graff

Research Psychologist
Gartnavel Royal Hospital
Glasgow

'Prevention of parenting breakdown and supporting rather than supplanting parents is central to the Children Act'

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supporting rather than supplanting parents is central to the Children Act (DOH, 1989) and to the *White Paper on Scotland's Children* (Scottish Office, 1993). It would seem essential, therefore, to have a model of the origins and structure of parenting, against which current functioning and change can be measured.

There is also a serious lack of rapprochement between child development literature and family therapy literature, with each failing to acknowledge the role and findings of the other and leaving a gaping hole where an integrated model of parenting should be. Such models as do exist are frequently limited in scope, concentrating, for example, on behavioural control (e.g. Patterson and Gullion, 1968; Forehand and McMahon, 1981). While attachment theory (Murray Parkes and Stevenson-Hinde, 1982) has generated extensive research, it is rarely taught to or used by practitioners as a model for intervention. Of course, parenting is not a simple unitary process. Parenting involves an almost endlessly diverse and shifting mixture of care, affection, control and stimulation. All this is supported by a complex array of feelings and interactions which reflect partly the parent's internal world and partly the child's temperament and reactions. Perhaps of all researchers Main comes closest to acknowledging the complexity of parenting by reporting on mother's own memories of being parented, which are reflected in the current quality of the attachment relationship with her child (Main, Kaplan and Cassidy, 1985).

It has been customary to evaluate parenting through interviews or 'case work' visits, but in the absence of a coherent model of parenting, judgements are necessarily global and subjective. Yet parenting as a topic is rarely part of social work or nursery nurse training and frontline workers in social work are rarely equipped, for example, with observational skills. While time-consuming and demanding, structured observations of mother-child interaction have been shown to distinguish problem dyads (Dowdney, Skuse, Rutter, Quinton and Mrazek, 1985; Mills, Puckering, Pound and Cox, 1985; Puckering, Pickles, Skuse, Heptinstall, Dowdney and Zur Spiro, 1994).

This paper aims to describe the process and evaluation of an intervention offered to mothers based on a multi-dimensional model of parenting developed during a study of NEWPIN, a volunteer befriending project aimed at helping mothers in a deprived inner city area (Cox, Puckering, Pound, Mills and Owen, 1990). In the NEWPIN project, trained volunteers visited families who were referred to the project by health visitors, social workers or other agencies

because of maternal depression or isolation, child behaviour problems and concerns about parenting. Observational measures of six dimensions of parenting were derived by the research group from the current literature and previous research. These were validated experimentally, showing coherent interrelationships and a correspondence with child behaviour problems. The dimensions were autonomy, anticipation, warmth and stimulation, cooperation, emotional containment and distress, and control. Evidence from the Cox *et al* (1990) study was that the NEWPIN project was very effective in improving women's self-esteem, depression and social isolation. However, parenting changed less than had been hoped, when measured using the detailed pre-coded observational system. It seemed that concurrent intervention in parenting might, therefore, be required to effect change.

Intervention Programme

Using the NEWPIN observational dimensions as a structure, a 4-month intervention package for mothers with parenting difficulties was derived at Alloa Family Centre.

The philosophy of the group was based on respect for the individuality of the women and their experiences, and on their expert knowledge of their own children. Mutual support and partnership in problem-solving was fundamental. The 'expert' model was not used, and it was as likely that another mother might propose a possible solution, for example to an eating or sleeping problem, as the staff.

Three elements were involved in the group programme. In the morning, the women were in a psychotherapeutic group run by a clinical psychologist, social worker and a care worker, while the children were cared for by care workers within the Family Centre crèche. In the psychotherapy group, links were drawn between past and current relationships and present feelings. Simple worksheets were used to encourage members to reflect on, and share past and current relationships and how these linked to being a parent. At lunch time, staff, mothers and children ate together and then mothers were asked to become involved in an activity with their children, which might be cooking or arts and crafts. Staff were available to prompt and assist mothers, but the time was an opportunity for mothers to enjoy their own children's company and to practise new ways of interacting and containing their children's behaviour. The afternoon group was spent in discussing parenting topics based on the six dimensions, using worksheets, videos of the group

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mothers taken at home prior to the group, and examples from the lunch time and activity sessions. The children were again in a crèche with care workers.

Mothers were encouraged to try out solutions to their own particular problems as 'homework' and then report back to the group. Possible solutions were as likely to come from other group members as staff, and group cohesions and support were seen as paramount. A clear commitment to working with strengths was emphasized. Work in both the psychotherapy group and the video group was based around worksheets which the mothers completed and then shared with the group if they felt able to do so. Trigger questions like 'What is the best thing about being a mother?' were used to promote discussion. The structured format encouraged those who were not socially confident or articulate to share their feelings, and helped to contain over-talkative members. While the group was, at least initially, highly structured and the prompts very concrete, it nonetheless proved possible for women to access painful and debilitating material which was a hindrance to their well-being as women and mothers.

This programme was developed as part of an intervention rather than a research programme, but as part of an attempt to evaluate the effectiveness of the programme all mothers were asked to complete an anonymous feedback questionnaire at the end of the group. After 6 months, the group were invited to return to the Family Centre for three brief sessions to follow up and consolidate changes. At this point, further feedback questionnaires were completed.

Participants

Women were referred to the group from within the Family Centre, where they might be using the day care facilities or drop-in groups for mothers or mothers and children. Some families were also referred to the programme by child psychiatrists, social work, educational psychology and local nursery schools. Twenty-one mothers who completed the group between 1991 and 1993 are discussed here. Seven further mothers began the group but failed to complete the course. Given that many of the families referred were described as 'hard to reach' because of long-term problems, multiple stressors and their suspicion of social work/psychological services, this level of drop-out is not considered excessive, although caution must be expressed about the generalization of the findings on a small and non-random sample. The group was open to any woman with at least one

child under five who wanted to help with parenting. In practice, most of the families had severe parenting difficulties, in some cases of a severity to have triggered child protection proceedings.

Of the 21 study women, nine were currently in relationships involving marital violence. Six were single parents. Nineteen of the sample were experiencing mental health problems of sufficient severity to bring them to the attention of their family doctor or specialist psychiatric services. Six families, involving 12 children, were currently on the Child Protection Register. A further four families, involving five children, had had social work investigation proceedings with a decision to take no further action. Nine of the women disclosed sexual abuse in their own childhood.

These factors clearly demonstrate a high level of disadvantage in the past and current experiences of the women. It is just such experiences which are known to impede the ability of the women to offer good experiences to their children. Every mother had at least one adverse psychological or social factor in her past history, current relationships or mental health. Most had two or more. While social conditions may provide a fertile ground for child abuse, for each individual the combination of stresses is different, and personal.

Outcome Measures

Three outcome measures were available: (i) observational data from pre- and post-group videotapes; (ii) anonymous feedback of self-report measures; (iii) registration and de-registration from the Child Protection Register.

Observational Data

Of the 21 mothers, pre- and post-intervention videotapes were available on 14. Videotaped interactions of the mothers and children in their own home in naturalistic caretaking (usually a mealtime) had been collected. These were coded using a reduced version of the NEWPIN Coding System (Cox *et al.*, 1990). The following codes were chosen to cover a range of interactions and scored by CP, who, unfortunately, could not be blind to the pre-post status of the mothers.

1. Facilitate before caretake (anticipation dimension). The mother takes action, which might be a distraction or warning or provision of information, before providing care to

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the child. Since videos were taken in the context of family mealtimes or bath times, caretaking was part of the mother's agenda.

2. **Mother's positive affect** (warmth and stimulation dimension). All instances of positive tone, physical affection or praise.
3. **Mother's negative affect** (emotional containment). All instances of negative tone, smacking or rough treatment, or criticism.
4. **Mother link-child follow** (follow and stimulation dimensions). Mother makes a cognitive extension to the child's current focus of interest to which the child responds. For example, the child is looking at peas on his plate and mother counts them for him. He repeats the numbers.
5. **Autonomy** (autonomy dimension). The mother asks the child about his/her preferences ('Do you want sauce on your chips?') or monitors the child's activity closely (mother waits, holding a spoonful of food in front of the baby, until he opens his mouth), showing an awareness of the child's individuality, wishes and timing.

In addition, three overall (five point) ratings of warmth, sensitivity and effective control were used as a broader description of the interaction in view of the unavoidable abbreviation of the research coding system. All five codes met interrater reliability criteria greater than 85% (agreement/agreement and disagreement). The reliability of the three rating measures was checked by the last author, who independently coded five tapes, blind to status. Interrater reliability was high, with exact correspondence on 10 out of 15 ratings, a one-point difference in three further ratings and a two-point difference on only two ratings.

Self-Report Measures

Written anonymous feedback was available from the women at the end of the group, and a 6-month follow up.

Child Protection Register

The Central Region Social Work Department database was consulted to provide baseline figures on average numbers of children on the Child Protection Register and the annual proportion of de-registrations. All 21 mothers were checked for investigation, registration and de-registration at the time of, and subsequent to, the group. While this is a relatively crude measure, it does provide external validation of the outcome of the group.

Table 1. Counted interactions pre- and post-intervention

	Pre-group Mean no. of counts (SD)	Post-group Mean no. of counts (SD)	1-tail sign Matched <i>t</i> -test
Facilitate before caretake	3.9 (6.1)	4.2 (4.9)	NS
Positive affect	23.1 (31.2)	33.0 (33.3)	p<0.05
Negative affect	20.2 (20.0)	4.1 (3.1)	p<0.01
Mother link-child follow	3.1 (3.2)	6.8 (6.3)	p<0.05
Autonomy	6.9 (6.0)	11.7 (10.5)	p<0.05

Results

Observational Variables

Of the five counted measures, four (positive affect, negative affect, mother link-child follows and autonomy) showed changes in the expected direction. The fifth measure, facilitate before caretaking, showed no significant change (Table 1).

The extent of the changes was considerable, with mother links and autonomy almost double at time 2, positive affect increased by one-half approximately and negative affect down to about one-fifth of the original level. Because not all the meal or bath times filmed were of the same duration, length of observation was controlled for by transforming counts into rates per minute. Using the appropriate statistical test for proportions led to the same pattern of significant results. The rating measures of warmth, sensitivity and effective control all also showed a significant improvement between before and after scores (Table 2).

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Table 2. Ratings of interaction pre- and post-intervention

	Pre-group Mean rating (SD)	Post-group Mean rating (SD)	1-tail sign Matched <i>t</i> -test
Warmth	2.3 (1.2)	3.3 (1.0)	p<0.01
Sensitivity	2.2 (1.3)	3.0 (0.8)	p<0.05
Effective control	1.9 (1.2)	3.1 (0.8)	p<0.01

Self-Report

All mothers reported an improvement in their child's behaviour during attendance at the group and concurrent changes in their own behaviour. It is of interest to note that mothers kept and referred to the handouts and worksheets after the group. At follow-up, mothers reported further changes in their own and their children's behaviour, and in

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fact were more positive about the effects of the group than at immediate post-group assessment.

Their replies to open-ended questions frequently included references to enjoying their children more, regarding them as individuals in their own right and feeling more confident to manage their behaviour. It was striking that none of the members ascribed the help they felt they receive to the group leaders. Without exception, mothers cited giving and getting advice from other women as the most important factor.

De-Registration

Exact turnover of the Child Protection Register is difficult to access. In 1992, however, 398 names were at some stage on the Central Region Child Protection Register. By the end of 1992, 148 names (approximately 37%) had been removed. Of the 12 group children on the register, 10 names had been removed from the register within the follow-up period. Both of the remaining children had been removed from home following the discovery of abuse. They were allowed back to live with their mother after some time in compulsory foster care, although they remained on the Child Protection Register.

Discussion

The results suggests that the women found the group helpful, and changed their interactions with their children over the course of 4 months. Particularly marked changes were seen in negative affect – shouting, criticism, rough handling and smacking – all of which could be seen as part of an abusive picture if taken to extreme. Increases in positive affect reflected increased enjoyment of being with the child, while increases in recognition of the child as an individual and an ability to 'tune in' successfully to his or her interests showed an increased 'child centredness'. All these changes, and the confirmatory evidence from ratings, self-report and child protection de-registrations, suggest that the group was successful in its aims of improving the quality of mother-child interaction. There are two major methodological reservations. Firstly, the case group is small and not compared with a suitable control group, so that in a strict sense it cannot be claimed that the group was the crucial factor in changing parenting. Secondly, the main rater was not blind.

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Independent ratings, however, did confirm that the measures were, as far as possible, reliably used. In addition, detailed observation counts using pre-coded reliable categories are less likely to be affected by bias than more global ratings. In this study, both showed an appreciable degree of change.

The qualitative feedback from the mothers points to changes in their perception of their children and their own self-confidence in handling difficult behaviour. They reflect a quality entirely consistent with the aims of the group. For example, 'My children are people with feelings, and their bad and good behaviours are something I can change by my actions. My children are not bad, they just want something.'

The group participants appear to have achieved significantly better results in removal from the Child Protection Register than the average figures for the region. While convincing changes in the quality of interaction were seen on video analysis, it is probable that other global factors also affected the rate of de-registration. Allocated supervising social workers were clearly impressed at the commitment that the women were prepared to give to an intensive therapeutic programme. This in itself may have shifted their perception of the families' willingness to provide a safe and facilitating environment for the children. It was also clear that the group participants became more confident and effective in their relationships with relevant professionals and may have presented themselves better at case conferences. At least one mother cited her involvement in the programme as evidence of her willingness to work for her children's welfare, and one mother used the group to help her to draft a letter to the social work department requesting an early review of the supervision requirements for her children.

De-registration may, therefore, reflect changes in perception by the professionals concerned with child protection and a greater facility in relating to services by the mothers, as well as actual change in parenting. Not every case on the Child Protection Register reflected anxiety about the mother's relationship to the child. In some cases, it was a father figure who had precipitated social work involvement. In fact, some mothers in the group railed against the norm of services being delivered to mothers in these circumstances. There was, nevertheless, anecdotal evidence from self-report that the women were tackling issues of marital strife and parental roles with their partners as the group proceeded. Some women used the group worksheets as a basis for discussion with their partners and reported improved communication and understanding as a result. It is, however, clear that parenting is a joint effort by mother and her partner, if there

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is one. By dealing only with mothers, the group to some extent colluded with the fallacy that it is solely 'women's business'. It is also the case that some fathers/partners may be a mediating or limiting factor in the effects that a programme can have on family functioning. Further thought needs to be given to the most effective way of involving fathers in future programmes.

Conclusions

Evidence from the evaluation of this group suggests that using a focused dimensional model of parenting as the basis for a clinical intervention has had beneficial results for the mothers and, through enhanced interactions, their children. Mothers in the group had had long histories of distress and were under considerable stress, including past sexual abuse and current violence, and mental health problems. Although some women dropped out of the group, the majority were able to engage in a demanding and intensive programme, including personal psychotherapy for themselves and video and direct work on parenting.

Five features of the group are worth noting. Firstly, mothers were offered the group but it was not prescribed for them. The programme was intensive and a commitment by the mother to undertake considerable self-examination and change was necessary. Several mothers declined to enter the group at one time point and subsequently took it up and completed it. Finding the right time and having a choice seemed important in their willingness to undertake a demanding course.

Secondly, the intervention acknowledged the difficulty and complexity of parenting, and disavowed an expert model where the professionals told the mother what to do. Respect for the mother as an individual was, in itself, a therapeutic experience for women, many of whom had been pushed around throughout their lives. Mothers also began to see their children as individuals and to reflect 'I wonder how that feels for him'. Respect for the mother's autonomy provided a model of how the mother could relate to the child's feelings. One mother gave the care worker a suggestion of how to deal with disruptive toddlers at mealtimes, waiting their turn to wash their hands, which the care worker tried out as her 'homework'. It was possibly the first time that woman had been able to be the sharer of her wisdom rather than the recipient of someone else's and, as such, was an empowering experience. Most women were all too painfully aware of their

faults and failings, and were amazed to realize that these were offset by strengths which, if tapped, provided a source of gratification and a therapeutic resource.

Thirdly, the mothers in the group gained reassurance from the knowledge that they were by no means the only ones who had difficulties. The 'me too' experience united women in the group, sharing both past and current adversities, like sexual abuse and marital violence, and current difficulties with their children.

Fourthly, the group did not prescribe a single right way to be a parent. Parenting is not simply an aggregate of skills, though some skills can be learnt, but a unique relationship between two individuals. While it may be possible to define broad guidelines, each dyad finds unique and idiosyncratic ways of meeting the final criteria.

Fifthly, the group was part of an integrated family centre programme. One of the effects of the group was to increase the uptake of other appropriate services within and beyond the family centre, including education, mental health and social. A spin-off for the family centre has been the sharing of new skills in family assessment and intervention throughout the staff group.

In a situation where prevention is known to be desirable but difficult to implement successfully or target appropriately, this tertiary preventative service for families who are at, or over, the borderline for parenting breakdown may provide a useful model for intervention.

'The group was part of an integrated family centre programme'

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