



Feasibility trial of a psychoeducational intervention for parents with personality difficulties: The Helping Families Programme

Crispin Day^a, Jackie Briskman^{b,*}, Mike J. Crawford^c, Lucy Harris^a, Paul McCrone^d, Mary McMurrin^e, Paul Moran^f, Lou Morgan^g, Stephen Scott^h, Daniel Stahlⁱ, Paul Ramchandani^c, Timothy Weaver^j

^a CAMHS Research Unit, Centre for Parent and Child Support, South London and Maudsley NHS Foundation Trust, Michael Rutter Centre, De Crespigny Park, London, SE5 8AF, UK

^b Dept of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, De Crespigny Park, London, SE5 8AF, UK

^c The Centre for Psychiatry, Imperial College London, 7th Floor Commonwealth Building, Hammersmith Hospital Campus, London, W12 0NN, UK

^d King's Health Economics, P024 David Goldberg Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, De Crespigny Park, London, SE5 8AF, UK

^e Institute of Mental Health, University of Nottingham, Triumph Road, Nottingham, NG7 2TU, UK

^f Centre for Academic Mental Health, School of Social & Community Medicine, University of Bristol, Oakfield House, Oakfield Grove, Clifton, Bristol, BS8 2BN, UK

^g Emergence, Head Office, 367 Chiswick High Road, London, W4 4AG, UK

^h Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, De Crespigny Park, London, SE5 8AF, UK

ⁱ Department of Biostatistics, Institute of Psychiatry, Psychology and Neuroscience, King's College London, De Crespigny Park, London, SE5 8AF, UK

^j Department of Mental Health, Social Work and Integrative Medicine, School of Health and Education, Middlesex University, The Burroughs, London, NW4 4BT, UK

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ABSTRACT

The Helping Families Programme is a psychoeducational parenting intervention that aims to improve outcomes and engagement for parents affected by clinically significant personality difficulties. This is achieved by working collaboratively with parents to explore ways in which their emotional and relational difficulties impact on parenting and child functioning, and to identify meaningful and realistic goals for change. The intervention is delivered via one-to-one sessions at weekly intervals over a period of 16 weeks. This protocol describes a two-arm parallel RCT in which consenting parents are randomly allocated in a 1:1 ratio to either the Helping Families Programme plus the usual services that the parent may be receiving from their mental health and/or social care providers, or to standard care (usual services plus a brief parenting advice session). The primary clinical outcome will be child behaviour. Secondary clinical outcomes will be child and parental mental health, parenting satisfaction, parenting behaviour and therapeutic alliance. Health economic measures will be collected on quality of life and service use. Outcome measures will be collected at the initial assessment stage, after the intervention is completed and at 6-month follow-up by research staff blind to group allocation. Trial feasibility will be assessed using rates of trial participation at the three time points and intervention uptake, attendance and retention. A parallel process evaluation will use qualitative interviews to ascertain key-workers' and parent participants' experiences of intervention delivery and trial participation. The results of this feasibility study will determine the appropriateness of proceeding to a full-scale trial.

1. Introduction

One in ten children in developed economies experience emotional or behavioural difficulties that interfere with developmental progress, family life and school achievement [1]. They are also at risk for poor health and social outcomes in adolescence and adult life [2]. The likelihood of long-term negative outcomes is increased when a parent also has significant personality difficulties for which they may or may

not have received a formal diagnosis of Personality Disorder [3]. A substantial number of adults - around 4% in community samples and 40% in mental health services - experience persistent, pervasive and impairing difficulties in managing their emotions and relationships [4,5]. Such difficulties are associated with developmental trauma or unmet needs and are often called personality disorder [6].

Persistent problems in areas of personality functioning, such as emotional instability [7] and interpersonal hypersensitivity [8], can

* Corresponding author.

E-mail address: jackie.briskman@kcl.ac.uk (J. Briskman).

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affect a parent's capacity to offer the stable and responsive care required for healthy child development [9]. Children of parents with these complex interpersonal needs are more likely to require support from child mental health and social care professionals [10]. Moreover, having a child with emotional and/or behavioural difficulties can increase the risk of a mental health crisis for vulnerable parents with limited interpersonal coping resources [3].

Interventions that support parents in developing parenting skills, in understanding the emotional needs of the child and in developing effective emotional communication lead to significant benefits in child mental health and developmental outcomes. The strongest effects are obtained for programmes that use structured 'psychoeducation', in which parents learn about child development, and the skills and application of positive parenting and personal coping strategies [11]. Unfortunately, families affected by personality difficulties experience comparatively high dropout rates and worse outcomes from the typical group format of standardised parent psychoeducation interventions [12,13].

The 'Helping Families Programme' (HFP) was originally developed for families with a range of complex needs including parental emotional dysregulation, interpersonal hostility, early school exclusion and risk of child maltreatment. Within this feasibility trial the HFP was adapted for use with families affected by clinically significant personality difficulties. HFP uses parent-focussed cognitive, behavioural and interpersonal strategies to optimise parents' use of positive parenting strategies and their understanding of child development and the tasks of parenting. This manualised approach incorporates systematic personalisation methods to assertively engage parents who have difficulties often associated with personality disorder to develop intervention goals that reflect the needs and preferences of individual families.

Evaluations of HFP have indicated positive parent engagement and clinically significant changes on a range of child and parent outcomes. The current trial will be a test of HFP in a larger sample of families with complex intergenerational needs, using a more rigorous randomised controlled trial (RCT) design.

1.1. Trial aims and objectives

The aim of this study is to investigate the feasibility of undertaking a full clinical trial of the HFP psychoeducational parenting intervention for families affected by personality difficulties. The specific objectives are:

- (i) To assess the feasibility of research procedures and intervention delivery, as needed to design a full-scale trial
- (ii) To investigate the influence of contextual factors on implementation and outcome generation for the intervention
- (iii) To obtain variance estimates for parent and child outcomes necessary to power a full-scale trial
- (iv) To measure intervention costs and make preliminary estimates of cost-effectiveness
- (v) To produce a full-scale trial protocol

2. Methods

2.1. Design

A two-arm, parallel RCT will randomly allocate consenting parents in a 1:1 ratio to: (i) the Helping Families Programme, a 16-session psychoeducational parenting intervention, plus usual services from mental health and/or social care providers; or (ii) standard care (usual services plus brief parenting advice). Primary clinical outcomes will be child and parental mental health. Secondary clinical outcomes will be parenting satisfaction, parenting behaviour and therapeutic alliance. Health economic measures will be collected on quality of life and service use. Outcome measures will be collected at baseline (T1), post-

intervention (T2) and 6-month follow-up (T3) by research staff blind to group allocation. Trial feasibility will be assessed using rates of trial participation (participant identification, screening, eligibility, consent, randomisation); data collection at T1, T2 and T3; and intervention uptake, attendance and retention. A parallel process evaluation will use observational and interview measures to understand keyworkers' and parent participants' experiences of intervention delivery and trial participation.

2.2. Eligibility criteria

Eligibility for the trial depends upon both parent and (index) child meeting criteria.

Parents will (i) be the primary parental caregiver for the index child; (ii) be aged 18–65 years; (iii) have significant personality difficulties (assessed by a score of 3 or more on the 'Standardised Assessment of Personality - Abbreviated Scale' (SAPAS) [14], (iv) be proficient in written and spoken English, and (v) have capacity to provide informed consent to participate.

The index child will be aged 3–11 years, living at home with the index parent and have significant emotional and/or behavioural difficulties (score 17 or over on the 'Strengths and Difficulties Questionnaire' Total Difficulties Score) [15].

Parents will be excluded if there is (i) the presence of psychosis; (ii) they are engaged in another structured parenting intervention; (iii) they are receiving inpatient care or (iv) they have insufficient language or cognitive abilities to participate fully in trial procedures.

Children with a pervasive developmental disorder will be excluded from the trial, and children not residing with the index parent will also be ineligible.

2.3. Interventions

2.3.1. Intervention arm

The Helping Families Programme (HFP) is a psychoeducational parenting intervention that aims to improve outcomes and engagement for families with personality difficulties. This is achieved by working collaboratively with parent participants to: (i) explore the ways in which parental emotional and relational difficulties impact on parenting and child functioning; (ii) identify meaningful and realistic goals for change; and (iii) understand and use a range of evidence-based parenting and self-care strategies. The intervention is delivered over 16 weekly sessions. HFP will be delivered by specially trained and supervised trial therapists according to a detailed manual. This will primarily involve 1:1 sessions with the primary parental caregiver, although other family members may be involved when appropriate. Parent participants will be supported to practice newly developed skills with their child(ren) in between sessions. Sessions will take place in the family home and/or local clinics if preferred by the parent.

HFP will be delivered in conjunction with usual services available to participating families. A standard care coordination protocol has been developed in concert with collaborating services, based on best practice and local guidelines. This describes: (i) research staff roles and responsibilities; (ii) coordination and continuity of care for participating parents and their children; (iii) effective management of safeguarding concerns; and (iv) information-sharing procedures between trial therapists and other professionals.

2.3.1.1. Control arm. Participants in the control arm will be offered standard care. This will consist of usual services, augmented by one parent information and support session (lasting 60–90 min), derived from an existing evidence-based parenting programme [16]. Parenting advice will be delivered by a trained parent facilitator and will involve: (i) supporting conversations about children's emotional and behavioural functioning, and (ii) discussion of relevant parenting strategies. Parents will also be provided with contact details for

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