

ABRIDGED VERSION

STRENGTHENING CHILD-PARENT RELATIONSHIPS

Rebecca Baladi, Rebecca Johnson and **Gary Urquhart Law** explored the efficacy of a parenting programme based on the Solihull Approach, assessing its impact on child-parent relationships.

RESEARCH SUMMARY

Researchers undertook a review of the 'Understanding your child's behaviour' (UYCB) programme among parents with children aged 0 to 18 with some degree of behavioural difficulty.

- ▶ Data were collected from 46 groups in two West Midlands cities over 14 months.
- ▶ Of the 119 parents, 92% were women, mostly in the 30 to 39 age group.
- ▶ The mean age of children was 5.07 years, and 17% of children were reported by parents as having an 'additional need'.
- ▶ Parents were asked to complete questionnaires at session 1 of the UYCB course ('pre'), session 10 ('post'), and three months later ('follow-up'). Of the 119 who completed both questionnaires, 35 also returned the follow-up questionnaires.
- ▶ Measured across the three time-points were child emotional and behavioural difficulties; self-reported symptoms of parental depression, anxiety and stress; and parental perceptions of conflict and closeness in their relationship with their children.

'Understanding your child's behaviour' (UYCB) is a group for parents based on the Solihull Approach (Douglas, 2012).

Developed in the late 1990s through the collaboration of Hazel Douglas, a child psychotherapist and clinical psychologist, and local health visitors, the Solihull Approach proposes that if a parent is supported to process their own emotions (containment), this will 'free them up' to think about the meaning of their child's behaviour and what emotions their child is trying to communicate (reciprocity). Consequently, through the processes of containment and reciprocity, parents should be more able to effectively and sensitively manage their child's behaviour (behaviour management).

UYCB introduces parents to the Solihull Approach model, with an emphasis on the links between behaviour and emotions, and parental as well as child emotional regulation. It explores issues such as 'tuning in' to children, exploring feelings, parenting styles, what is being communicated through a behaviour – such as temper tantrums – sleep patterns and behavioural difficulties.

Health visitors and school nurses were key contributors to the early development and ongoing delivery of training for professionals and facilitation of parent groups.

There have been a number of studies

demonstrating the effectiveness of the Solihull Approach for professionals in community practice (Mauders et al, 2007; Whitehead and Douglas, 2005; Douglas and Ginty, 2001) and for supporting parents to improve children's behaviour and their own wellbeing (Bateson et al, 2008; Douglas and Brennan, 2004).

UYCB has been shown to have high parental satisfaction, and lead to improvements in family relationships (Cabral, 2013; Johnson and Wilson, 2012), and parents have reported

enhanced self-belief, alongside the development of more reflective and empathic parenting styles (Vella et al, 2015).

UYCB is widely delivered across the UK, is included as an implementation example in the NICE guidance on the management of conduct disorders in children (NICE, 2013), and is increasingly being adopted internationally.

PARENTAL WELLBEING ALSO SIGNIFICANTLY IMPROVED BY THE TIME PARENTS HAD COMPLETED THE GROUP

THE UYCB PROGRAMME

UYCB is a programme for parents of children aged 0 to 18 consisting of 10 weekly sessions of two hours each. Groups are run in community venues by a range of practitioners such as health visitors, school nurses, education workers and support workers, trained as Solihull Approach group facilitators. Each UYCB group is facilitated by

two practitioners, who have access to a manual outlining the content and delivery methods for each session. Mentoring is also provided throughout the 10-week period to support reflective functioning in the facilitators and ensure programme fidelity. UYCB groups are advertised through universally accessible children's services, and parents can self-refer.

ANALYSES AND MEASURES

Two analyses were undertaken: first, pre- and post-group scores of the 119 parents who completed an UYCB programme were compared; second, scores were compared for the smaller group of 35 parents who completed pre- and post-group questionnaires and a follow-up questionnaire three months later.

The same three measures were used across the three time-points: baseline (T1), completion (T2) and after three months. These were as follows:

The Strengths and Difficulties

Questionnaire (SDQ) (Goodman, 1997) is a widely used 25-item screening measure for child emotional and behavioural difficulties, which assesses conduct problems, hyperactivity, emotional symptoms, peer relationship difficulties, and pro-social behaviour. The SDQ 'impact' score (an assessment of distress and impairment caused to the child by any difficulties) was also used to explore change.

Depression Anxiety Stress Scale (DASS-21) (Lovibond and Lovibond, 1995) is a standardised, widely used 21-item measure of wellbeing, which assesses self-reported symptoms of depression, anxiety and stress.

Child-Parent Relationship Scale (CPRS) (Pianta, 1992) is a 15-item scale measuring parental perceptions of conflict and closeness in their relationship with their children. A total relationship score can be derived by calculating the average item score.

STUDY FINDINGS

Child behaviour (SDQ)

The results show that, at the conclusion of the UYCB programme, parents reported statistically significant improvements in their child's behavioural and emotional functioning.

Attendance at UYCB improved pro-social behaviour, hyperactivity, emotional problems, impact of difficulties, conduct problems and the total difficulties in a large sample of parents.

'Peer problems' did not reach statistical significance, but did show a clinically significant improvement, for example with scores moving from the SDQ 'borderline' to 'normal' range.

UYCB PROGRAMME SESSIONS

1. Introduction
2. How are you and your child feeling?
3. Tuning into your child's development
4. Responding to your child's feelings
5. Different styles of parenting
6. Parenting child partnership – having fun together
7. The rhythm of interaction and sleep
8. Self-regulation and anger
9. Communication and attunement – how to recover when things go wrong
10. Celebration

Change was most notable immediately at T2. While the improvements in total difficulties and conduct problems were maintained at three months in the small number of parents who responded to the follow-up, there was no evidence of ongoing improvement over time. However, pro-social behaviour did continue to improve in the smaller sample. It is not known whether the changes post-group were maintained or improved in the larger sample.

Depression, anxiety and stress (DASS-21)

Parental wellbeing also significantly improved by the time parents had completed the group.

Parents in the larger sample reported significant improvements in their own depression, anxiety and stress between T1 and T2. DASS-21 total scores also decreased significantly. Overall, both subscale and total scores showed an improvement in wellbeing.

However, no statistically significant changes in the mean depression, anxiety or stress scores for parents were found in the smaller sample after three months.

Depression and anxiety scores

decreased between T1 and T2, but both showed a slight increase at the three-month follow-up. For stress, scores decreased across all three time-points and, while this was not statistically significant, a trend in the data was evident.

DASS-21 total scores showed a decrease from T1 to T2, a slight increase at follow-up, and a trend towards statistical significance between T1 and subsequent time-points.

Child-parent relationship (CPRS)

There were also improvements in the child-parent relationship as a result of attendance at the 10-week group.

There were highly statistically significant improvements on CPRS 'total relationship' scores, with a significant increase in the 'closeness' subscale score between T1 and T2, as well as a significant decrease in the 'conflict' subscale score. Overall, there was evidence of significant improvements in the child-parent relationship.

Closeness and conflict scores also showed an improvement from T1 to subsequent time-points in the smaller sample that responded to the follow-up.

A statistically significant improvement was found for the CPRS 'total relationship' between T1 and subsequent time-points.

CONCLUSION

This study provides evidence that parents who have completed a UYCB group report positive impacts in the

areas of children's behavioural and emotional functioning, parental depression, anxiety and stress, and in the child-parent relationship.

These results show that after the conclusion of a UYCB group there is evidence for the maintenance, although not for further improvement, of effects at three months.

Limitations of the study include the small sample size at the follow-up, the reliance on parental self-report, and the lack of a control group. Strengths include the use of a child-parent relationship measure, follow-up time-point and use of current clinical practice pathways for recruitment to strengthen the real-world validity and application of the study's findings.

UYCB should continue to be offered as part of an evidence-based parenting strategy by trained community practitioners. Where possible, follow-up or booster sessions may help to maintain and possibly see further improvements in parents' understanding of their child and

ability to support their child's emotional development. Parents can also be encouraged to engage in the online version of the course.

Future research should include either a wait-list control group or other active parenting intervention, so that the true effectiveness of attendance at UYCB can be demonstrated both at completion and longer-term follow-up, and studies should consider the utility and feasibility of including measures other than parental self-report.

ATTENDANCE AT UYCB IMPROVED PRO-SOCIAL BEHAVIOUR, HYPERACTIVITY AND EMOTIONAL PROBLEMS

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TAKE-HOME MESSAGES

- ▶ UYCB leads to improvements in child behaviour, parental depression, anxiety and stress, and the parent-child relationship.
- ▶ Gains in children's pro-social behaviour and reduced conduct problems, and increased closeness in the parent-child relationship were maintained at three-month follow-up.
- ▶ Future research should try to ascertain in greater detail if the true effectiveness of attendance at UYCB can be demonstrated both at completion and longer-term follow-up.
- ▶ Improved parent-child relationships could lead to additional benefits over and above a behavioural approach, both at an individual and societal level, such as improvements in family relationships, emotional self-regulation in the child and resilience against mental health difficulties in the long term.
- ▶ Policies should include programmes which have an effect on both behaviour and parent-child relationships.

RESEARCH FINDINGS AT A GLANCE

	PRE	POST	FOLLOW-UP
Child behaviour (SDQ)			
Total difficulties	13.44	11.29	11.65
Pro-social behaviour	6.97	7.74	7.78
Parental wellbeing (DASS-21)			
Total score	22.44	15.29	16.12
Child-parent relationship scale (CPRS)			
Closeness	30.06	31.62	31.56
Conflict	21.09	18.82	18.35
Total relationship	3.79	4.05	4.07



To view references and the full version of this paper, entitled *Understanding your child's behaviour: evaluating a Solihull Approach face-to-face 10-week group for parents*, go to bit.ly/CP_research_baladi