A Trauma- Informed Practice Framework: to modify the impact of managing Covid-19 on children’s health and well-being.

The Hope for Children and Families Programme

Summary

 A guide for practitioners and managers

Arnon Bentovim, Jenny Gray, Stephen Pizzey

April 2020

A Trauma- Informed Practice Framework: to modify the impact of managing Covid-19 on children’s health and well-being

Summary

The Hope for Children and Families Programme

Arnon Bentovim, Jenny Gray, Stephen Pizzey

Published by Child and Family Training, 2020

Child and Family Training, PO Box 723, York, YO30 7WS

Email: info@childandfamilytraining.org.uk

Website: www.childandfamilytraining.org.uk

© 2020 Child and Family Training

The authors have asserted their moral rights in accordance with the Copyright, Designs and Patents Act 1988 to be identified as the authors of this work.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without fee or prior permission.

Child and Family Training is a not-for-profit organisation working to promote evidence-based assessments and interventions with children and families.

Child and Family Training Ltd Directors: Dr Arnon Bentovim, Fay Berry, David Glasgow, Phil Heasman, Carol Jolliffe and Stephen Pizzey. Registered in England and Wales. Company number: 7978935.

Registered Office: 54 Bootham, York, Y030 7XZ.

Cover design: Adrian Jefferies, Defining Design, www.definingdesign.co.uk

Publication development: William Baginsky, In edit, [www.in-edit.co.uk](http://www.in-edit.co.uk)

1. **The rationale for developing a framework for Trauma- Informed Practice for Covid 19**
	* **Introduction**
* With the recognition that Covid 19 was a novel Coronavirus, and was likely to cause a world pandemic, in the abscense of effective treatment or vaccination, managing the powerful infectious nature of the virus has been a priority throughout the world. This has meant closing down sources of cross-infection, including public places where children and parents congregate, closing down schools and restricting family movement by self-isolation. For parents this has meant reducing sources of social, financial and family support; for children and young people this has meant cutting them off from social interaction, friendships, education, physical and cultural activities, and intensifying family togetherness, and parent-child relationships.
* Not surprisingly there have been accounts of increased levels of parental conflict – domestic violence and increasing levels of concern about children being harmed. There have been many accounts of ways of preventing and overcoming these disadvantages with considerable ingenuity e.g. the use of on-line facilities, although they are not risk free, sharing TV exercise programmes, ways of coping, neighbourhood support. It is evident that the necessary response to halt the spread of Covid 19 and its pervasive harmful effects can also act as a **significant traumatic Childhood Adverse Experience - ACE.** The steps taken can have the effect of increasing the frustration and stress inherent in family life with sources of support removed. The impact of other **Adverse Childhood Experiences - ACEs** already present may be reinforced, with resulting increasing levels of conflict, and harmful interaction, and a variety emotional and behavioural responses, including significant levels of anxiety, depression, trauma and conduct responses.
* Hopefully preventative measures will mitigate the impact, and strengthen family life and relationships, and a satisfactory exit can be effected, with recovery and resilience. However, it is likely that there will be significant problems for some children, young people, and their families in the shorter, and longer term. This may result in children, young people and families presenting with a variety of problems to Social Care, Health, Education, Domestic Violence, Drug and Alcohol, and Youth offending services. The challenge is to be able to intervene to help with presenting problems, and the associated traumatic responses in the face of the necessary steps to manage the infectious impact of Covid 19. A helpful response would be the development of **Trauma-Informed Practice** across the services, and the use of the **Hope for Children Families Programme,** which can be adapted to meet the complex needs of children, young people and their families
1. **What is a Trauma informed practice framework and how it relates to ACEs?**

**-Trauma- Informed practice** is a comprehensive community approach to address the impact of multiple **Adverse Childhood Experiences ACEs.** It has followed from the recognition of the pervasive harmful effects of **Adverse Childhood Experiences ACEs** – on **Mental**, **Physical Health, and Behaviour** of children, young people and adults through the lifespan**.** Felliti et al (1998) defined the following forms of **Adverse Childhood Experiences ACEs**, *Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, Emotional Neglect, Mother treated Violently, Household substance abuse, Household Mental illness, Incarcerated household member, and Parental separation or Divorce. A further spectrum of adversity includes Bullying, and Adverse Community Influences- violence, homelessness, poverty and discrimination.*

***-Children and Young people identified as experiencing high levels of ACEs*** *are likely to present to Social Care identified as significantly harmed; CAHMS services with Complex overlapping physical, behavioural and mental health, self-harming symptoms,; to youth offending services with anti-social, and sexually harmful behaviour, education services with disruptive behaviour, and learning difficulties.*

1. ***The traumatic Impact of ACEs***

***-‘A cascade of toxic stress responses, inflammatory and hormonal responses with marked effects on brain morphology, function and network architecture’*** (p. 254). Teicher *et al*. (2016) as a result of childhood maltreatment and adversity The nature or magnitude of the effect depends to a substantial degree on the type and timing of adversity experienced during developmental sensitive periods, and the interaction with other risk and protective factors, including early coping responses (McCrory et al., 2017). Complex adversity leads to clusters of symptoms, multiple different types of disorders rather than specific disorders. A spectrum of overlapping internalising – anxiety, depression and traumatic responses, and externalising disorders – conduct, anti-social and disruptive responses results

***3.0 Trauma -Informed Care:***

***-A program, organization, or system that is trauma-informed****realises the widespread impact of trauma associated with ACEs, and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, in contexts of concern when children show evidence of being subjected to maltreatment, with associated parental mental health, substance abuse, or conflict*.’ (Hughes et al 2017) *and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re- traumatisation’*

1. ***A Trauma- Informed practice approach***

-A variety of components to develop a comprehensive approach to address multiple ACEs. These include gathering information from many sources, systemic analysis, interpersonal/relational skills for caregivers and others to provide support and stability to the youth, as well as individual skills/coping responses for the youth to help manage their neurobiological action tendencies *Trauma-informed practices can be extended beyond frontline staff training to all layers of organisations, such as policies and procedures, recruitment and leadership style’* (NHS Highlands, 2018, Pachter et al., 2017).

**-But to date there has been no large- scale trials of the effectiveness of the approach, and intervention tools available to practitioners are less effective in responding to multiple ACEs**

1. **A model of A** **Trauma- Informed Practice Framework: The Hope for Children and Families Programme. - The main components of this *Public Health approach to Prevention***

***-Trauma-informed******Assessment, Analysis, Planning and reviewing interventions in child well-being and safe-guarding contexts,*** when children have been abused or neglected, have been identified as having been exposed to ACEs and significant traumatic experiences. These frameworks guide work with children and families at all levels of prevention, from assessment and analysis to decision-making; from planning to intervention; from review to evaluating effectiveness. The approach is relevant to all children’s social care, health, education, youth justice and related disciplines, organisations and services, and fits with the concept of ***Trauma -Informed Practice.***

***-The Hope for Children and Families Intervention Resources*** are based on integrating ***common practice elements*** culledfrom across the field of effective interventions to prevent abuse and neglect, into a set of ***Trauma-informed*** ***Modular Guides***- a ‘library’ of interventions directly relevant to intervene to reduce the harmful impact of ACEs, and a key goal of Trauma Informed Practice by addressing direct harmful effects – through the various forms of child maltreatment, and those causing indirect harmful effects through ‘house-hold dysfunction.’

|  |  |
| --- | --- |
| ***Guides*** | ***Description of the guides***  |
| ***Engagement and Goal Setting*** | ***The Engagement and goal setting guide*** ( Bentovim et al 2017) guide helps practitioners promote a sense of hopefulness, orientates the practitioner and family to the profile of Child maltreatment, Adverse Experiences, Family Strengths and Difficulties, and establishes shared goals, and monitoring outcomes**-** |
| ***Targeting the parental antecedents of Maltreatment and ACEs*** | Four intervention guides cover different areas of parenting*: ‘****Promoting positive parenting’*** (Roberts, 2017), ‘***Promoting children and young people’s health, development and wellbeing’***(Bentovim, 2017); ‘***Promoting attachment, attuned responsiveness and positive emotional relationships’*** (Gates & Peters, 2017); and**, ‘*Modifying abusive and neglectful parenting’*** (Bentovim, 2017). The guides’ modules provide an understanding of the historical and familial stresses associated with abusive and neglectful parenting; the impact of abuse and neglect on children’s health and development; interrupting and modifying abusive and neglectful processes, modifying negative perceptions of children, and improving the standard of care. They can be adapted for use with foster, adoptive, and residential caregivers |
| ***Working with families***  | The ‘***Working with families’*** intervention guide(Jolliffe, 2017) guides practitioners on working with families as a group, and in various combinations. This skill helps them to facilitate parent-child communication, and interrupt and find alternatives to conflict within the family, and between the parents and community.  |
| ***Direct Work with Children and Young people.*** | Two intervention guides consider working with children and young people: ‘***Addressing emotional and traumatic responses’*** (Weeramanthri, 2017); and ***‘Addressing disruptive behaviour’*** (Eldridge, 2017). These are core guides for working with children and young people who have been exposed to abusive and neglectful parenting, and contain modules included in the MATCH approach. These modules help practitioners work with parents and caregivers to develop children and young people’s generic skills to manage their emotions, be safe and develop problem solving abilities. Once basic coping skills have been mastered there are modules for addressing specific anxiety, mood, traumatic responses and disruptive behaviour. |
| ***Working with Child Sexual Abuse*** | (Eldridge 2017) The ‘***Working with child sexual abuse’***guide (Eldridge, 2017) considers work with children and young people who have been abused sexually, their parents/caregivers, and with those who are responsible for or who display harmful sexual behaviour. It is essential that practitioners develop skills to support children and young people who have been exposed to sexual abuse and demonstrate sexually harmful behaviour, often in association with other forms of maltreatment and adversity, and to support their parents |

**-Piloting and implementation** (Gray. Roberts Pizzey MacDonald) has demonstrated the effectiveness of the ***Hope for Children and Families Programme*** approach across services, enhancing practioners knowledge, skills and confidence. Front-line practioners can be trained to deliver trauma-informed assessments, analysis, planning and interventions for children and young people, parents and the family, personalising and tailoring the interventions to reduce the harmful impact of multiple ACEs, and promote good quality care and resilience. Multi-disciplinary training can establish the basis for work between agencies and can also play a key role in the development of an integrated trauma-informed ACEs approach in the community, developing a trauma informed culture

**References and relevant reading**

 **References**

Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. Archives of General Psychiatry, 61, 403–410.

Baglivio M.T, Epps N. Swartz K., Huq A., Sheer., Hardt N.S. (2014) [The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders](http://www.journalofjuvjustice.org/JOJJ0302/article01.htm). J of Juvenile Justice 3 (2)

Bellis MA, Hughes K, Ford K, Hardcastle KA, Sharp CA, Wood S, Homolova L, Davies A. 2018. Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health* **18**: 792.*BMC Medicine* 12: 72. http://www.biomedcentral.com/1741-7015/12/72

Belsky J, Hartman S. 2014. Gene‐environment interaction in evolutionary perspective: differential susceptibility to environmental influences. *World Psychiatry* **13**: 87-89.

Bentovim A. 2017a. *Modifying abusive and neglectful parenting.*In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Bentovim A. 2017b. *Promoting children and young people’s health, development and well-being.*In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Bentovim A, Elliott I. 2014. Targeting Abusive Parenting and the Associated Impairment of Children. *Journal of Clinical Child & Adolescent Psychology* **43**(2): 270-285. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/15374416.2013.869748>

Bentovim A and Gray J (2015) *Eradicating Child Maltreatment- Evidence-Based Approaches to prevention and Intervention across Services* LondonJessica Kingsley

Bentovim A, Gray J. (eds). 2016; 2017. *Hope for Children and Families:* Building on Strengths, Overcoming Difficulties*.* York: Child and Family Training.

Bentovim A. and Bingley Miller L. (2001) *The Family Assessment: Assessment of Family Competence, Strengths and Difficulties.* York: Child and Family Training.

Bentovim A, Vizard E, Gray J. 2018. Editorial Perspective: Treatment of complex maltreatment – beyond the NICE guideline? Manuals, muddles or modules. *Child and Adolescent Mental Health* ***23***(3), 297–300. DOI:10.1111/camh.12280

Bethell C. Jones J., Gombojav,N., Linkenbach J Sege J.R.. 2019 How positive childhood experiences (PCEs) co-occur with and may modulate the effect of ACEs on adult mental and relational health *JAMA Pediatr*. doi:10.1001/jamapediatrics.2019.3007 Published online September 9, 2019.

Briere J. and Runtz M.G. 1989 The Trauma Symptom Check-List *Journal of Interpersonal Violence* **4** 151 -163

Bronfenbrenner U 1989 Ecological systems theory 187- 249 in Vasta and Ross Eds *Annals of Child Development* London UK. Jessica Kingsley

Brown S, Rienks S, McCrae JS Watamura SE. 2019. The co-occurrence of adverse childhood experiences among children investigated for child maltreatment: A latent class analysis. *Child Abuse and Neglect* **87**: 18 -27.

Calam, R.M., Cox, A.D., Glasgow, D.V., Jimmieson, P. and Groth Larsen, S. (2005) *In My Shoes*. York: Child and Family Training.

Caldwell, B.M. and Bradley, R.H. (2003) *HOME Inventory: Administration Manual Comprehensive Edition.* Little Rock, AR: University of Arkansas for Medical Sciences.

Cecil CAM, Viding E, Fearon P, Glaser D, McCrory EJ. 2017. Disentangling the mental health of childhood abuse and neglect. *Child Abuse and Neglect***63:** 106-119.

Chorpita BF, Daleiden EL. 2009. Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology* **77***(3): 566-579.*

Chorpita BF, Daleiden EL. 2010. Building evidence-based systems in children's mental health. In J. R. Weisz & A. E. Kazdin (Eds.), Evidence-based psychotherapies for children and adolescents (pp. 482-499). New York, NY, US: The Guilford Press.

Chorpita BF, Daleiden EL. 2014. Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child Adolescent Psychology* **43**(2): 323-38. DOI: 10.1080/15374416.2013.828297

Chorpita BF, Weisz JR. 2009. *Modular Approach to Children with Anxiety, Depression, Trauma and Conduct Match-ADTC*. Satellite Beach FL: PracticewiseLCC.

Chorpita BFL, Daleiden EL, Park AL, Ward AM, Levy MC, Cromley T, Chiu AW, Letamendi AM, Tsai KH, Krull JL. 2017. Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. *Journal of Consulting and Clinical Psychology* **85**(1): 13-25. DOI:10.1037/ccp0000133

Chorpita BF, Weisz JR, Daleiden EL, Schoenwald SK, Palinkas LA, Miranda J, Higa-McMillan C K, Nakamura BJ, Austin A, Borntrager C, Ward AM, Wells KC, Gibbons RD, The Research Network on Youth Mental Health. 2013. Long-term outcomes for the Child STEPs randomized effectiveness trial: A comparison of modular and standard treatment designs with usual care. *Journal of Consulting and Clinical Psychology* **81**:999-109.

Cleaver H., Unell I., and Aldgate J., 2011*. Children’s Needs- Parenting Capacity* London TSO

Cohen- Cline H Jones K.G., Kulkarni-Rajasekhara S Polonsky H.M., Vartanian K.B., 2019 Identifying underlying constructs of childhood adversity ina low income population *Child Abuse and Neglect* **91** 1-11

Corcoran M, McNulty M. 2019. Examining the role of attachment in the relationship between adversity, psychological distress and subjective well-being. *Child Abuse and Neglect*

Cox, A. and Bentovim, A. (2000) *The Family Pack of Questionnaires and Scales.* London: The Stationery Office.

Cox, A., Pizzey, S. and Walker, S. (2009) *The HOME Inventory: A Guide for Practitioners – The UK Approach.* York: Child and Family Training.

Craiga J.M., Alex R. Piquerob,A.R. Farrington D.P, Maria M. Ttofic M.M.2017 Adverse childhood experiences and life-course offending in the Cambridge studyJournal of Criminal Justice 2017 53 34 -45

Dantchev S, Hickman M, Heron J, Zammit S and Wolke *D (2019) The Independent and Cumulative Effects of Sibling and Peer Bullying in Childhood on Depression, Anxiety, Suicidal Ideation, and Self-Harm in Adulthood. Front. Psychiatry 10:651. doi: 10.3389/fpsyt.2019.0065*

Davis P.D., Dworkin E.R., Helton J. , Prindle J., Miller S.2019. [Extending poly-victimisation theory: Differential effects of adolescents’ experiences of Victimisation on substance use disorder diagnoses upon treatment entry](https://www.sciencedirect.com/science/article/pii/S0145213419300298)Child Abuse and Neglect 89 165-177

Department of Health, Department for Education and Employment, Home Office. 2000. *The Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office.

Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. European Journal of Psychotraumatology, 4:2013. http://dx.doi.org/10.3402/ejpt.v4i0.20274.

Eldridge H. 2016. *Working with child sexual abuse.* In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Eldridge H. 2017. *Working with children and young people: Addressing disruptive behaviour.* In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Ellis W.R, Dietz W.H., 2017 A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. Academic Pediatrics 17 86 -93

Felitti VJ, Anda RF, Nordenberg D. 1998. Relationship of Childhood Abuse and Household Dysfunction to many of the leading causes of Death in Adults: The Adverse Experience (ACE) study. *American Journal of Preventative Medicine* **14:** 245-258.

Finkelhor D. 2018. Screening for Adverse Childhood Experiences (ACEs) Cautions and Suggestions. *Child Abuse and Neglect* **85**: 174 -179.

Finkelhor D, Omrod RK, Turner HA. 2007. Poly-victimisation: A neglected component in child victimization. *Child Abuse and Neglect* **31**: 7-26.

Finkelhor D. Shattuck A. Turner HA, Hamby SL. 2012. Improving the Adverse Childhood Experiences Study Scale. *American Journal of Preventative Medicine* **167**: 70-75.

Flaherty EG, Thompson R, Dubowitz H, Harvey EM, English DJ, Everson M. Proctor LJ, Runyan DK. 2013. Adverse Childhood Experiences and Child Health in Early Adolescence. *JAMA Pediatriatrics* **167**(7): 622–629. DOI:10.1001/jamapediatrics.2013.22

Garcia AR, Greeson JKP, Thompson A, DeNard C. Gupta M. 2017. Adverse childhood experiences among youth reported to child welfare: results from the national survey of child & adolescent well-being. *Child Abuse and Neglect* **70**: 292-302.

Gates C. Peters J. 2017. *Promoting attachment, attuned responsiveness and positive emotional relationships.*In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Gray J. 2015. *Hope for Children and Families Intervention Resources Pilot Project*. *Report submitted to the Department for Education*. York: Child and Family Training.

Harold G.T., and Sellers R. 2018 Interpersonal conflict and youth psychopathology JCPP **59**:374 -402

Herrenkohl RC. Herrenkohl TI. 2009. Assessing a child’s experience of multiple maltreatment types: Some unfinished business. *Journal of Family Violence* **24**: 485– 496.

Hughes K. Bellis MA. Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L, Dunne MP. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis.*Lancet Public Health* **2**: e356–66.

Herrenkohl RC. Herrenkohl TI. 2009. Assessing a child’s experience of multiple maltreatment types: Some unfinished business. *Journal of Family Violence* **24**: 485– 496.

Hughes K, Bellis MA, Sethi D, Andrew R, Yon Y, Wood S, Ford K, Baban A, Boderscova L, Kachaeva M, Makaruk K, Markovic M, Povilaitis R, Raleva M, Terzic N, Veleminsky M, Włodarczyk J, Zakhozha V. 2019. Adverse childhood experiences, childhood relationships and associated substance use and mental health in young Europeans. *European Journal of Public Health* ckz037*.* DOI:10.1093/eurpub/ckz037

Jolliffe C. 2016. *Working with families.* In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Lahey BB, Van Hulle CA, Sigh AL, Waldman ID, Rathouz P. 2011. Higher order genetic and environmental structure of prevalent forms of child and adolescent psychopathology. *Arch Gen Psych* **68**: 181 189.

Lacey R., Minnis H., Practitioner Review:2019 Twenty years of research with adverse childhood experience scores – Advantages, disadvantages and applications to practice Journal of Child Psychology and Psychiatry doi:10.1111/jcpp.13135

Lester S, Lorenc T, Sutcliffe K, Khatwa M, Stansfield C, Sowden A, Thomas J (2019) *What helps to support people affected by Adverse Childhood Experiences? A Review of Evidence.*London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London.

Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

Macdonald G, Livingstone N, Hanratty J, McCartan C, Cotmore R, Cary M, Churchill R. 2016. The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis. *Health Technology Assessment* **20**(69): 1-508.

Marchette LK, Weisz JR. 2017. Practitioner Review: Empirical evolution of youth psychotherapy toward transdiagnostic approaches. *Journal of Child Psychology and Psychiatry* **58**(9): 970-984.

Marie-Mitchell A, Kostolansky R. 2019. A Systematic Review of Trials to Improve Child Outcomes Associated With Adverse Childhood Experiences *American Journal of Preventive Medicine* pii: S0749-3797(19)30031-5*.* DOI: 10.1016/j.amepre.2018.11.030

McGee C, Hughes K, Quigg Z, Bellis M, Larkin W, Lowey HA. 2015. A scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh). Liverpool: Centre for Public Health. Retrieved from http://www.cph.org.uk/wp‐content/ uploads/2015/07/REACh‐Scoping‐Study‐BwD. pdf

McCrory E, Gerin MI, Viding E. 2017. Child Maltreatment. Latent vulnerability, and the shift to preventative psychiatry – the contribution of functional brain imaging. *Journal of Child Psychology, and Psychiatry* **58**: 338-357.

McLaughlin, K.A., Sheridan, M.A., & Lambert, H.K. (2014). Childhood adversity and neural development: Deprivation and threat as distinct dimensions of early experience. Neuroscience and Biobehavioral Reviews, 47, 578–591.

NHS Highlands (2018). Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity. Available from: https://www.nhshighland.scot.nhs.uk/Publications/ Documents/DPH-Annual-Report-2018\_(web-version).pdf [last accessed 20 February 2019].

Pachter L, Lieberman L, Bloom S, Fein JA. 2017. Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of The Philadelphia ACE Task Force. *Academic Pediatrics* **17**(7), S130–S135.

Pizzey S., and Bisdounis L.,2019 Training Early Years Family Support Workers
Evaluation of a training and coaching programme in direct work with children and families York Child and Family Training

Pedrazza, M., Trifiletti, E., Berlanda, S. and Di Bernardo, G.A. 2013. Self-Efficacy in Social Work: Development and Initial Validation of the Self-Efficacy Scale for Social Workers. *Social Sciences*. 2. 191-207. 10.3390/socsci2030191

Pizzey S., Bentovim A., Cox A., Bingley Miller L. and Tapp S. (2015) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.

PracticeWise. 2019. *Evidence-based Services Database*. Satellite Beach, FL: PracticeWise, LLC.

Reuben A, Moffitt TE, Caspi A, Belsky DW, Harrington H, Schroeder F, Hogan S, Ramrakha S, Poulton R, Danese A. 2016. Lest we forget: comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health. *Journal of Child Psychology and Psychiatry* **57**(10): 1103-12. DOI: 10.1111/jcpp.12621

Roberts R. 2016. *Promoting positive parenting.* In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training.

Roberts R. 2017 Training Newly Qualified Social Workers ,Evaluation of a Training and Coaching Programme York, Child and Family Training

Russell A E., Heron J, Gunnell D, Ford T, Hemani G.,Joinson C, Moran P, Relton C, Sudeman M., Mars B., 2019 Pathways between early-life adversity and adolescent self-harm: the mediating role of inflammation in the Avon Longitudinal Study of Parents and Children *Journal of Child Psychology and Psychiatry* 60:10 (2019), pp 1094–1103 doi:10.1111/jcpp.13100

Steptoe A., Marteau T., Fonagy P., Abel K. (2019 ) ACEs: Evidence, Gaps, Evaluation and Future Priorities, Social Policy & Society (2019) 18:3, 415-424 doi: 10.1017/S1474746419000149

Teicher MH, Samson JA, Anderson CM, Ohashi K. 2016. The effects of childhood maltreatment on brain structure, function and connectivity. *Nature Reviews Neuroscience* **17***: 652-666.* DOI: 10.1038/nrn.2016.111.

Thompson R, Litrownik AJ, Isbell P, Everson MD, English DJ, Dubowitz H, Proctor LJ, Flaherty EG. 2012. Adverse Experiences and Suicidal Ideation in Adolescence: Exploring the Link Using the LONGSCAN Samples. *Psychol Violence*, **2**(2): 211-225. DOI: 10.1037/a0027107

Weisz JR, Chorpita BF, Palinkas LA, Schoenwald SK, Miranda J, Bearman SK, Daleiden EL, Ugueto AM, Ho A, Martin J, Gray J, Alleyne A, Langer DA, Southam-Gerow MA, Gibbons RD, the Research Network on Youth Mental Health. 2012. Testing Standard and Modular Designs for Psychotherapy Treating Depression, Anxiety, and Conduct Problems in Youth. A Randomized Effectiveness Trial. *Arch Gen Psychiatry* **69**(3): 274-282. DOI: 10.1001/archgenpsychiatry.2011.147

Villodas MT, Cromer KD, Moses JO, Litrownik AJ, Newton RR. Davis IP. 2016. Unstable child welfare placements, early physical and mental health, role of adverse childhood experiences and PTSD. *Child Abuse and Neglect* **62**: 76-88.

Weeramanthri T. 2016. *Working with children and young people: Addressing emotional and traumatic responses.* In: Bentovim A & Gray J (eds). Hope for Children and Families: Building on Strengths, Overcoming Difficulties.York: Child and Family Training

##



www.childandfamilytraining.org.uk