

# Editorial

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## Angela Abela

Department of Family Studies, Faculty for Social Wellbeing,  
University of Malta, Malta

It is a great pleasure and a first for me to be writing the editorial for this issue of *Clinical Child Psychology and Psychiatry*. This issue includes the second special section of our series on the *clinical application of attachment theory and research*. I am aware that I could have written on one of my pet subjects and that would certainly have been parenting given my love for the subject and my current involvement in the writing up of a positive parenting policy for the Ministry for the Family and Social Solidarity in Malta. Instead, I have decided to focus on the five regular articles published in this issue. It is indeed fitting to honour the contributors of the edition. Contributors put in a lot of dedication and effort in passing on their knowledge to us.

The five regular articles are all very interesting and make a contribution to the literature in the area. I think that they will be most welcome by researchers, including students and clinical trainees who want to build on them for future research. They are also particularly helpful to professionals working in the area of children and families.

The American study by Jones, Bilge-Johnson, Rabinovitch and Fishel investigated the role played by self-esteem in the relationship between reported victimization and suicidal ideation among adolescents. This is considered to be the first study to explore such a relationship in a hospital population. A total of 65 youngsters were suffering from depression, whereas the other two were suffering from an anxiety disorder and all had a history of non-suicidal self-harm or of attempted suicide. A number of significant correlations between victimization and other related variables such as suicidal ideation, depression, negative mood, anhedonia and negative self-esteem were reported. A regression analysis indicated that only low self-esteem predicted suicidal ideation. It is to be noted that adolescents with a history of non-suicidal self-harm had a lower level of self-esteem and a higher level of suicidal ideation. Previous studies had already linked victimization with low self-esteem, whereas other studies linked non-suicidal self-harm with eventual suicidal behaviour. The contribution of this study lies in the fact that it creates links between the different studies. The authors acknowledge that the cross-sectional nature of the study is a limitation and precludes the reader from understanding the dynamics of the interactions between one variable and another. The study highlights the importance of helping adolescents in this client group to bolster their self-esteem besides helping them to counteract victimization.

Another interesting article is the review of paediatric literature on the impact of clown interventions in a number of practical procedures, including anaesthesia, invasive medical procedures and rehabilitation. Other research centred around medical conditions and the effect of clowns within teams. Finlay, Baverstock and Lenton report that clowning has been found to leave a positive effect on children when facing anxiety provoking experiences in hospital. The intervention by therapeutic clowns was also considered helpful for parents when the latter were included in the study. This article highlights the importance of teamwork in such interventions. Therapeutic clowns need to be particularly prepared for the intervention that the child would be undergoing. Moreover, surgical teams need

to be on board and fully endorse such interventions. It was an eye opener to read about the study by Glasper, Battrick, Prudhoe and Weaver (2007) who found that six of the doctors in the team did not like clowns and were feeling apprehensive when having to work in their presence.

The article on how parents support their children who suffer from chronic pain is also very interesting. The study is based on observations of parents' behaviour captured on video as they accompany their children during physical exercise sessions. The contribution of this study lies in the fact that both verbal and non-verbal behaviours were analysed. Using a modified grounded theory approach, categories emerged directly from the observations. By so doing, the authors not only support but also extend current self-report instruments. The authors put forward a number of suggestions for further research, including quantitative research that would ascertain helpful parental behaviours with children suffering from chronic pain.

Working with children and families in schools has always been one of my preferred ways of working. I find that parents find support from school much less stigmatizing and really helpful. The article by Morris, Huray, Skagerberg, Gomes and Ninteman is one example of how schools can provide such help in a way that should go down really well with parents. As the authors point out, multi-family therapy enhances self-esteem in parents who find themselves supported not only by experts but also by families who were in their same situation and now offer to mentor them and accompany them in their journey. This study shows that families with children with challenging behaviour who receive multi-family therapy benefit significantly when compared to families who receive other forms of intervention. The marked improvement in the children's and the parents' behaviour is sustained over time. This study continues to build on the research by McKay et al. (2011) who set up multi-family groups with families having children with conduct difficulties and augurs well for introducing such ways of working within the school setting.

The article by Norman, Dean, Hansford and Ford delves into what professionals working within two Child and Adolescent Mental Health Services in greater London think about Routine Outcome Monitoring (ROM). A total of 50 clinicians were interviewed. The analysis was carried out using both principles from grounded theory as well as descriptive content analyses. This two pronged methodological approach yielded very rich findings which have direct implications for policy and practice. The participants highlighted both the advantages and the disadvantages of ROM. Interestingly, these findings were in tune with those brought forward by parents and other carers who participated in a study by Moran, Kelesidi, Guglani, Davidson and Ford (2012). Some of the concerns included the fact that some of the children's conditions may show little improvement when assessed by the measures adopted in ROM. Clinicians argued that such results may lead to bad decisions such as children being discharged from the clinic or a cut in funding. In spite of these concerns, clinicians still felt that ROM could be useful if the right measures were used. They also called for more support given the increase in workload for such an exercise to take place. The authors rightly point out that the reservations put forward by the clinicians need to be taken seriously by the commissioners. The suggestions brought forward by the clinicians are very doable and could improve outcome monitoring substantially, thus making it a more worthwhile exercise to carry out. I was quite impressed with the high level of participation of the clinicians and with their constructive feedback on a topic that they could perceive as potentially threatening. In my country, the idea of measuring outcome in children's services is not practised not even by the clinicians themselves. I agree with the clinicians that much can be learnt if the right measures are adopted for such an exercise.

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