



Families Learning  
about *Self Harm*

## Programme Overview Report

### Introduction

FLASH stands for '*Families Learning About Self-harm*'. This programme was designed to address young person's mental health issues by supporting young people and their carers who self-harm, through offering a formal parent-based intervention in the format of a parenting programme to the parents/carers. This is to enable the parent/carer to integrate the role of a parent with how to manage and support young people who exhibit self-harming behaviours.

### Why the need for FLASH

In the UK, one in 10 young people self-harm. The fear of self-harm/suicidal behaviour generates anxious responses from family and professionals and therefore families often withdraw and feel very isolated. These parents are largely left unsupported by professionals and they often cannot tell their family and friends because of a lack of understanding of self-harm; it is still a taboo subject for many. Whilst self-harm is ultimately damaging and may be dangerous, for many people it provides a method of coping with life. It is important to remember the level of distress that has led to the self-harm. This is particularly important for friends, parents, teachers or youth-workers who may become aware of the issue and wish to raise it with the individual. Taking away a person's means of self-harm can increase the emotional distress and make the situation worse, therefore the aim of the programme is to educate the family members.

### Target group

Parents, carers and close family members with a young person aged 11- 18 years can be referred to the workshops when the young person's self-harming behaviours are impacting on the family as a whole. Approximately 16 adults are invited to each series of workshops.

### National Evidence

Reports show that 1 in 10 teenagers self-harm, but the true figure could be even higher as most incidents of self-harm are treated at home and will not reach the attention of services or professionals. Although some very young people and some adults do self-harm, rates are higher in young people. No single factor has been shown to predict self-harm. A combination of pressures in home and school life, such as being bullied at school, not getting on with parents, parental divorce, unwanted pregnancy, abuse, rape, bereavement, entering care and mental health problems such as depression, can all lead people to self-harm. It is important to bear in mind that everybody's experience is unique, and there are no universal rules or reasons for self-harm behaviour. Only 12% of those who harm themselves had presented to A&E (NICE 2011) indicating that a vast majority of

acts of self-harm are 'invisible' to professionals. Around 30% who begin self-harm in adolescence continue into adulthood – therefore this intervention is a key opportunity during the teen's years.

### **Parent Group Programme**

The FLASH Parent Training Programme is a 10-week programme for parents and carers of young people 11 to 18 years of age where there are particular difficulties in relation to their young person self-harming behaviours. Parents are referred to a FLASH group when the teenager's self-harming behaviours are impacting on the family as a whole. Approximately 8-16 parents are invited to each group and each session usually lasts approximately two hours. The FLASH Parenting Programme includes the following ten sessions; an overview of the programme, what is self-harm, 'what are parent fears, the difference between suicide and self-harm, listening skills, praise and building self-esteem, walking on egg shells, consequences, managing difficult situations, looking after the family, putting it all together, evaluation and ending. The delivery of this information however should be tailored to each individual client group.

The programme is run by group facilitators, whose purpose is to implement the group, by building up a reciprocal relationship, equally using their own knowledge and the group's strengths and perspectives. The group facilitators are expected to have knowledge of self-harm, group skills, have experience working with young people and their families, have undertaken a Group Facilitator's Foundation Course and have both excellent interpersonal skills and a background in social learning theory. The most important suggestion to the group facilitators, made by the group developers, is to make each group their 'own', by delivering clinically relevant information to each parent within a therapeutic group context.

The main aim of The FLASH Parenting Group is not to focus on the young person's behaviour, but to reduce the levels of stress within the family to a manageable level. It is the group's belief that each young person and adolescent is unique, and it is the aim of the group facilitator to make each parent and carer aware of this uniqueness, as well as to understand and appreciate it.

This programme was developed because at the time, there was no identified service which offered parents of young people who self-harm an opportunity to explore, share and problem solve the complex issues that face them when their young person is hurting or trying to kill themselves. Parents value, support and propose the need for advice, information and counselling plus a chance to meet with other parents.

This form of intervention is important as young people often report that they do not feel listened to and a common time for a young person instigating a self-harming act is after a conflict with a parent. The group aims to support young people by encouraging parents and carers to improve their listening and coping strategies, thus supporting the young person and reducing the self-harm events.

This programme was originally devised, and first piloted in 2003, by Jeannie Gordon and Sarah Brazier. Both have trained as psychiatric nurses and have residential and community experience of working with young people and their families. The programme was first published in 2008. John Rivers MA, was involved in the 2012 revised edition of the programme. In 2017 Debbi Barnes (Social Worker) contributed to the 2017 revised edition of the programme.

## **The Programme objectives**

The FLASH programme is designed for parents of self-harming children and adolescents. The aim of the programme is not to focus solely on the child's behaviour, but for the stress of the family to be reduced to a manageable level.

The FLASH programme aims to support parents to:

- Obtain a greater understanding about the development process of their young person
- To have a wider knowledge of self-harm in young people and the opportunity to relate this to their own family.
- To provide practical strategies for parents to use with their young person
- To have a greater awareness of listening, praise and encouragement skills
- To have realistic expectations of them as a parent/carer

## **Therapeutic content**

The content of this curriculum are based on the experiences of the clinical and research efforts by numerous therapists and colleagues in Essex, the United Kingdom and worldwide. The philosophy for this programme is influenced greatly by the work of Carolyn Webster-Stratton. Carolyn is the author of *'The Incredible Years', a trouble-shooting guide for problem young children and their troubled families*, a book based on working with parents in a collaborative process (The Incredible Years, 1992, Umbrella Press). Carolyn Webster-Stratton has worked intensively over the last 30 years in Seattle, USA, working with families of young children with behavioural difficulties.

Therapeutic content has been taken from various sources. The main sources being:

- The STOP (Supporting Together Offenders' Parents) programme. Authors Jeannie Gordon and Mike Kellett, 2001, 2005, 2010
- The "Living with Teenagers" Course for Parents. This course was originally devised by Sonia Hilton and revised for publication in 1996 with Angela Taylor. Both are Educational Psychologists working for Surrey Educational Psychology Service.
- Adolescent Transition Programme. A focus for parents which is a skill in change curriculum for parents of young adolescents by Kate Kavanagh, PhD, and Thomas J Dishion, PhD, from the Oregon Social Learning Centre, USA.
- What Can A Parent Of Teenagers Do? by Michael and Terri Quinn, The Family Caring Trust, County Down, Ireland.
- Working with people who self-injure. Training Pack. Lois Arnold. Bristol Crisis Service for Women. (ISBN 0 9531348 06) Contact details; PO Box 654 Bristol BS99 1XH

The FLASH programme is eclectic in its approach and is underpinned by a range of theoretical teachings.

- 1) The Social Learning Theory underpins everything in FLASH. Role-modelling is absolutely key to what we ask facilitators to do and every session has this essential factor i.e. if we praise the parents they will in turn praise their children, if we reward them they will then reward their children.

Social learning theory is derived from the work of Albert Bandura that proposes that social learning occurred through four main stages of imitation: close contact, imitation of superiors, understanding of concepts, role-model behaviour.

2) The FLASH programme is also underpinned by Cognitive Behaviour Therapy (CBT) as a thread in its theoretical basis (it is what we think that effects how we feel which effects how we behave). By helping parents change their thinking (e.g. Through the FLASH content; Road to Independence, Types of Parents) we are changing their behaviours.

3) The FLASH programme has considerations also from the behaviourist school of thought i.e. Pavlov in that we are proposing rewards via praise in order to increase the behaviours we want to see more of.

4) Solution Focussed Therapy (Kim Berg & Steve De Shazer ,1978), Structural Family Therapy (Minuchin,1974)and Systemic Family Therapy (Gregory Bateson, Milan Team) i.e. in the FLASH feedback and discussion sections we are asking parents to identify what worked before and see that they already have the solutions to what they are facing and this fits with the solution focussed school. Minuchin spoke a lot about the importance of the structural hierarchy in the home and we are reinforcing this by putting the parents in charge. The Milan team looked at the family as a system and how by making changes in one part of the system you in turn instigate change in the whole system. Teenage challenging behaviours are systemic issues and will not be effectively dealt with by focussing on just the presenting problem. In FLASH we are seeking to bring about a first order change by changing the way the parents think and act which will have a systemic knock-on effect to the whole system.

5) The philosophy of the FLASH Programme was influenced by Carolyn Webster-Stratton's principles and The Incredible Years Series. The content of this curriculum is based on the experiences of the clinical and research efforts by numerous therapists and colleagues in Essex, the United Kingdom and Worldwide. The philosophy advocates a collaborative approach to training, and this relationship is the underlying structure for the training/teaching intervention. The model's foundational base is on interacting with attendees (parents). This requires the facilitator (trainer) to be open in their communication pattern and accepting differences. By building a relationship not based on authority but on a rapport with each person, the facilitator is able to build an environment of trust; thus making the attendee (parent) feel safe and able to experiment with the strategies offered. Emphasis is placed on what the parent is doing well and empowering the parent to then take the next step in improving what they feel they are not doing as well on.

6) To cultivate this within a learning model for the FLASH programme the authors promote the notion of constructive learning. The constructivist approach developed by Shuell (1992) is a framework to teaching and learning based on the premise that cognition (learning) is the result of "mental construction." In other words, attendees (parents) learn by fitting new information together with what they already know. Constructivists believe that learning is affected by the context in which an idea is taught as well as by attendee's beliefs and attitudes. Bostock (1999) describes the ideology of this model as "This learning requires psychological processes which link theory and practice". This model coincides with the internalization of the learning principle which attendees are encouraged to adopt in parent groups settings. This is supported by Brown, Collins and Duguid (1989) who note that to obtain the most effective learning; you have to be in the milieu of the learning object.

7) In the process of the implementation of FLASH, the theory base of Kolb (1984) in learning styles is reflected in the range of activities and homework tasks i.e. in the listening skills session, parents are put in pairs and given an exercise of listening to your partner, this is an example of experiential Learning. There is also an understanding of Group Development which is based on the work of Tuckman (1965).

The course programme aims and content does not focus specifically on a set behaviour but rather on the relationships and behaviours within the home and family. This is implemented by supporting the parent to have greater empathy with their young person. The content sessions i.e. making the change listening skills, praise and raising self-esteem aid this in the earlier stages of the programme.

The middle content sessions (walking on egg shells, logical consequences) support the parent to make effect limits (again with empathy and awareness). The later sessions (managing the difficult times, the others) provide practical information so the parent can make limits/ choices and networks based on their personal value system and within sound and safe limits. The "group process" and the "environment" in which the parents learn are relevant to the effectiveness of the change in the parents learning. Maslow (1965, 1998) developed a hierarchy of human needs in which he argued that humans need to have a sense of belonging before learning to understand. To belong we need to feel part of a community ( McMillan and Chavis, 986, cited in Rovai 2002, pg 3). The definition of community; "Feeling that members have a belonging, a feeling that members matter to one another and to the group and shared faith that member needs will be met through their commitment to being together".

The FLASH authors have been influenced by the work of Rovai (2002), who describes the essential element of community as being mutual interdependence among members, sense of belonging, connectedness and overlapping histories among members. Therefore the group leader scaffolds knowledge and understanding to encourage the parents learning i.e. provide guidelines (ground rules) at the start of the group, awareness of group dynamics and emotional wellbeing etc. During the feedback sessions the parents have time to share, question and debate with each other their experiences, views and understanding of the FLASH content and are able to reflect on how the theory learnt can be transferred into practice.

**What the Programme does not do**

It does not promise parents that the programme will stop young people from self-harming but will help them to manage the situation better through increased understanding and empathy.

**The Group Programme Topic Themes are;**

Session 1	Introductory session- What are the actions of self-harm and risk taking behaviours
Session 2	Teen Development
Session 3	Self-harm, reality and fears
Session 4	Listening skills
Session 5	Raising self esteem

Session 6	Walking on egg-shells ( parenting styles)
Session 7	Consequences ( limit setting )
Session 8	Managing the difficult times
Session 9	The others ( self-harm effect on family members)
Session 10	Putting it all together and ending

The programme methods of learning include; exercises, role-plays and discussions that focus on strengthening the relationship between the parent/carer and child. These include listening skills, giving praise, boundary setting and parenting styles.

### **FLASH Workshop Model**

In 2014 the FLASH group programme was piloted by Jeannie Gordon and Sarah Brazier as a series of full day workshops to parents, carers and close family members. This was in response to parental request for quicker and more 'work- friendly' access to the FLASH programme. Feedback from parents and professionals was most positive and attendance/completion was over 90%. Delivered on Saturdays in community venues (avoids interruption to work) the workshops are in a series of 4 (so each person must attend the 4 day workshops). This was very successful and is currently been delivered as this model in Colchester, Essex ( funded until 2018) Also the child age was extended to the age range of the young person, to 18 years; this is following recent research which indicates self-harm has increased in college students.

### **Evaluation**

FLASH has NOT undertaken a control study but each group programme is evaluated.

Evaluation of the groups included short questionnaires at the end of each session and a longer evaluation questionnaire at the end of the group. Evaluation suggested that parents felt they benefitted from attending the group.

The results have shown that The FLASH Parent Training Programmes in Essex have been a great success. The programmes have led to huge changes in the parent's family life, their relationship with their child/children and their views and their child's views of adolescent wellbeing. This provides new and additional evidence to support the existing data on parenting programmes, showing that they are a successful intervention tool. The results support the fact that behaviour is something that can be changed (new behaviours can be learnt) and that parenting groups are able to fully engage with families to work on children's behaviours.

Changes in the child's/adolescents self-harming behaviours are harder to predict as the programme does not directly aim to reduce the self-harming behaviours. However, it is clear from the results that the programme did improve parent child relationships, thus supporting both during this difficult time, which has been shown to increase parental acceptance and empathy which in turn had a direct link to the reduction of the child's self-harming behaviours. The success of The FLASH Parent Training Programme is thought to be due to it being highly effective and acceptable to children's carers and due to best results being achieved when services are provided in local community settings (which The FLASH Parent Training Programme is).

The self-completion questionnaires produced some very positive feedback showing that parents enjoyed the groups in terms of what they learnt (understanding more about their child's behaviours), what they liked about the group, how they felt (more in control, able to communicate successfully, spending more quality time with their child/children), what they had most benefited from and comments about the groups facilitators. The most common feedback was that after the group parents did not feel alone anymore as they had met other people going through what they are going through. The self-completion questionnaires also provided constructive criticism, however this can be used for future reference to improve the programme.

In conclusion The FLASH Parent Training Programmes have been successful at improving family life, relationships and wellbeing. It is clear from the above analysis that The FLASH Parent Training Programmes that have run in Essex from 2003 have been a success, both for the parents, children and wider community.

See Appendix 1 for some of the parent's comments

See Appendix 2 for the outcome data of 11 FLASH groups

In 2017 a report on the outcome data of the FLASH 4 day workshop model was published see [www.theministryofparenting.com](http://www.theministryofparenting.com) to view this report

### **The Training Model**

The National Service Framework for Young Person (2004) sets 'supporting parents' as one of its 11 core standards for improving the health and well-being of young person and families. The latest update of Standard 9 (2006), which relates to the mental health and psychological well-being of young people, suggests that the NSF recommendations should provide 'the blueprint for comprehensive multi-agency, multidisciplinary parenting services, available across the spectrum of need and across the age range of young person from pre-birth onwards'.

The FLASH parents programme and workshops teaches the parent and carer to integrate the role of being a parent with how to manage and support young children and adolescents exhibiting self-harming behaviours. It supports and gives advice to parents and carers to improve the relationship with their young person in the short and long term, by offering general support, information about why young people self-harm, practical ways to help young people, help to improve their listening, praise and encouragement skills, and a chance for parents to ensure that their own expectations are realistic and not too high.

An important part of the FLASH programme model is the training programme for professionals, thus offering providers to deliver the model themselves with personal supervision of trained practitioners to ensure good practice and assess risk management.

The training facilitators present the FLASH facilitator training programme in a similar way as they would present the actual FLASH programme to a parent. This allows the delegates to experience the programme from the same perspective as the parents as well as enabling them to go on and facilitate it. The group facilitators aim is to deliver the clinical information around self-harm but within a nurturing and therapeutic environment. FLASH Trainers and ultimately group facilitators need to have experience of working with children and their families who self-harm as well as substantial experience of group work and theory of group processes.

Delegates are also given an opportunity to practice facilitating the programme during the training. This highlights the importance of the trainers delivering the FLASH programme competently and being positive role-models so participants in turn, can proficiently use these skills when running the parent groups. Furthermore, the FLASH programme itself is based upon the social learning theory; this conjecture does not only apply to the details of the course but also to the individuals delivering the programme and those watching who eventually will deliver it themselves. Although the delegates are given FLASH manuals at the end of the training and are equipped with the tools to run FLASH groups independently, they are strongly advised (due to the sensitive nature of the programme) to facilitate with an experienced FLASH group facilitator prior to running their own groups.

The manual was first published in 2008 and revised edition in 2012 and in 2017.

## **Appendix 1; A snapshot of parent's feedback**

### **Most useful about the FLASH programme**

- useful in providing strategies e.g. 'I' statements, praise
- importance of modelling and discussions on emotions
- confirmation that communication needs to improve
- learning about how the YP may be feeling
- learning how it is to be a parent of a YP who self-harms
- Support from the team and the information given.
- Meeting the other parents, who truly understand and sharing common concerns.
- Strategies and realisation I am not isolated with this problem

### **Least useful**

- there was not quite enough time to share experiences in more depth
- I found some of the role plays uncomfortable but not necessarily of no use
- no feeling so alone
- recognising it is not my fault

### **Other topics**

- would have found it useful to explore eating habits/eating disorders as a subject topic
- more on what other services available and stages of referrals re social care and CAMHS
- everything was covered
- To touch on the different levels of professional interventions.
- More time to look at negative emotions i.e. guilt, shame, in more depth

### **How has changed as parent**

- feel more confident as a parent
- given me ability to think before I speak
- feel, as a parent, more able to cope with the future
- more aware from YP perspective and I hope to be more sympathetic and understanding of negative behaviours (attention-seeking may be attention-needing)
- taught me to stop and think before reacting, conversation and communication skills with my child

- Helpful in being more careful of the way you word things.
- feel calmer and are less self-blaming
- more confidence – don't feel as helpless as I did before the course

#### **Difference to YP behaviour**

- more talkative
- made a difference to her behaviour as she is less reactive and not self-harmed in the last six weeks and she talks more and is more able to explain how she feels
- I think that my YP has taken an interest in my learning, she was asking after most sessions and I think because I am taking an interest in her by attending this course she feels able to engage with me more.
- Unsure... .too early to say ... need more time to put in the strategies

#### **Difference to relationship**

- talks to me more
- I don't feel quite as on edge all the time as I did at the start of the course
- I feel less angry towards the YP for all the upset and hurt she is causing to others and herself
- we are more able to sit and talk through feelings
- possibly – able to defuse tension

#### **Best moment**

- work on importance of modelling
- laughter – proves in darkness there is light
- the brain section

#### **Other comments about group leaders/programme**

- Facilitators were excellent – perfect balance of supporting yet challenging me to reconsider some of my attitudes /reactions.
- Really good balance of serious and emotional work with humour and activities to lift the mood
- appreciated consistency of the group, same people meant we could be open very quickly
- good size of group – enough to share experiences but few enough to give everyone time to speak

- felt comfortable in what is a very uncomfortable situation
- I feel honoured to have been a part of this group and admire everyone who has participated and shared their stories
- This group course should be made available to many more parents who have found themselves in our situation. Totally changed my perspective on parenting and made me understand that I am not a bad parent.
- thank you so much I feel without this course I would have lost my daughter
- I would like to thank you all so very much for having me as part of the group. It has been really informative and has helped a great deal. I have met some lovely people and am actually going to miss you all.
- The facilitators were fantastic, very supportive and not afraid of saying things we didn't want to hear. The delivery was fab, well-paced and the people wanted to genuinely help.
- I was very impressed with the course and the facilitators. During the course I felt I came to know myself a bit better or understand my emotions as well as my child's

#### **Comments other**

- I would recommend the course to other parents
- Out of something horrible I have come to meet some lovely people. I cannot thank you guys enough
- Thank you

## Appendix 2; Evaluation data of the outcomes of study of 11 FLASH groups

**Participants;** Below figure 1 gives a snap shot of The FLASH Groups population.

**Figure 1**

<b>No. of Groups</b>	<b>11</b>	Rented council house	9	Not in paid employment	6
<b>No. of parents that completed the pre and post evaluations</b>	<b>52</b>	Private rented house	5	Employed outside the home part time	16
No. of male parents	17	Owner occupier (no mortgaged)	8	Self-employed part time	2
No. of female parents	35	Owner occupier (mortgaged)	28	Retired	1
Married	31	Temporary accommodation	1	<b>No. of children</b>	<b>110</b>
Divorced	8	White	51	No. of male children	46
Single	3	Employed outside the home full time	17	No. of female children	63
Living with partner	9	Self-employed full time	4		
Separated	1	Full time family carer	8		

### Design

All information was collected by self-completion questionnaires. Parents provided information about themselves and family life, to illustrate the similarities and differences in the backgrounds of the families within the group, they also provided information that was designed to assess whether the group had an impact on parent's views of themselves and their child/children, their relationship with their child/children and self-harming behaviours. Self-evaluation questionnaires were administered pre and post the group and included measures of Adolescent Wellbeing.

The family life and relationship questionnaire was a pre and post pictorial questionnaire asking the following two questions, where parents could give any of the following responses. Question one; my family life is? happy, relaxed, soap opera, getting there, great fun, uphill struggle, unhappy, harmonious, confusing, time- bomb, frustrating and rewarding. Question two; which describes how you feel about your relationship with your child(ren)? Happy, juggling act, under attack, hanging on, challenged, angry, and can't say.

The Adolescent Wellbeing Scale was devised by Birleson and is a tool used to measure depression in older children and adolescents. The Scale has 18 questions, each relating to different aspects of an adolescent's life, and how they feel about these. Scale A is for the parents to complete and Scale B is

for the young person to complete, they are both asked to indicate whether the statement applies to them most of the time, sometimes or never.

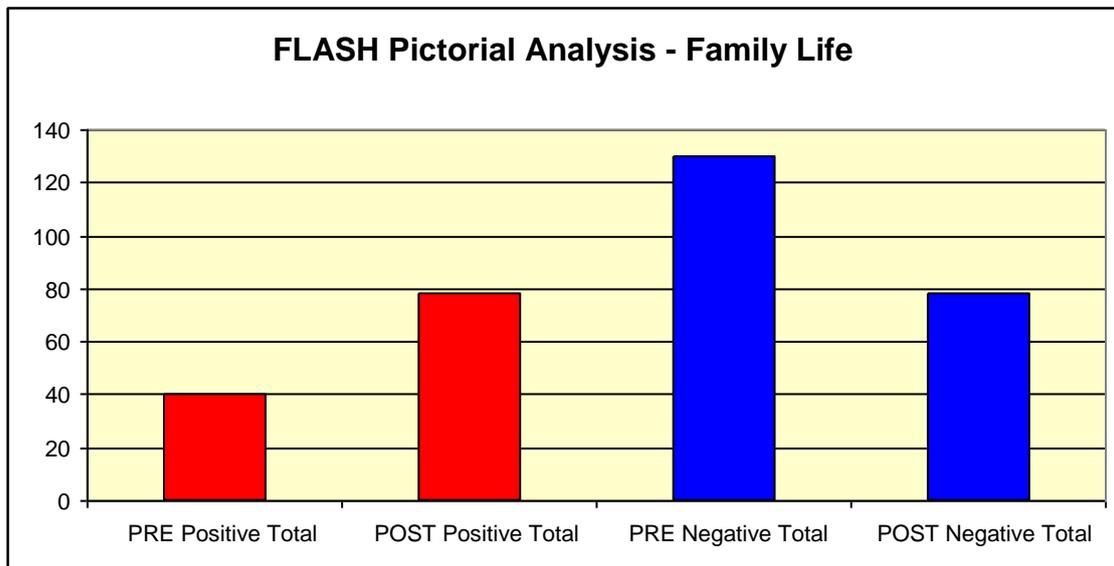
**Analysis/procedure**

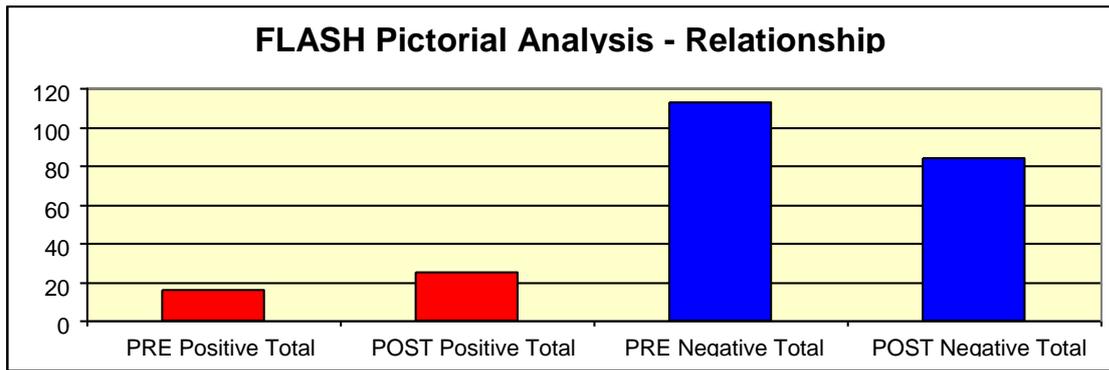
All parents attending the group filled in the self-completion questionnaire pre and post the group. All participants were kept anonymous by being coded with an I.D. number held locally. The data collected was entered into Microsoft Excel and analysed in the statistical package SPSS (15). A paired samples t-test was conducted to assess whether the means of two items were statistically different from each other. This analysis is appropriate when you want to compare the means of two groups or conditions (pre & post).

**Results**

Results are split into two sections, first the results from the family life and relationship pictorial analysis and secondly, the results from the scientific questionnaire (The Adolescent Wellbeing Scales A & B). Figure 2

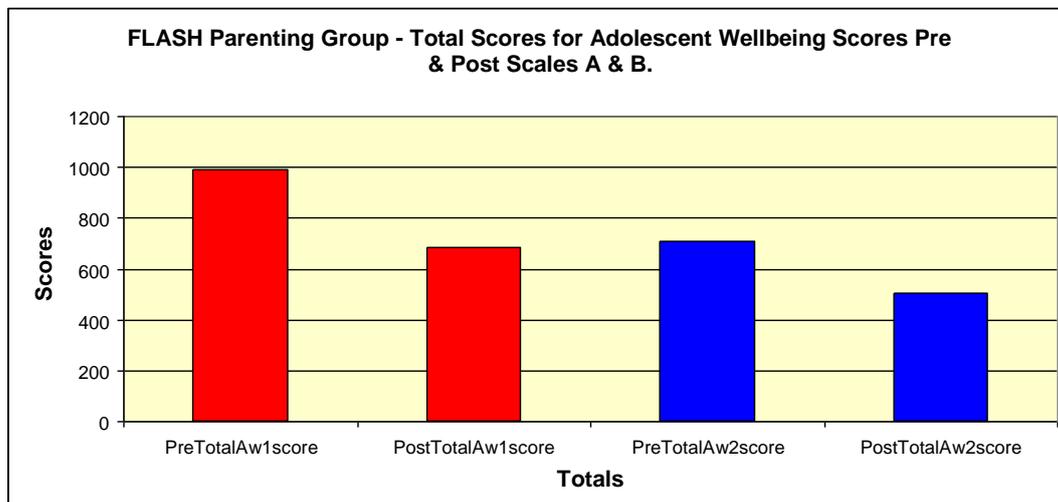
Measure	Pre Treatment	Post Treatment	Significance
Family life total (positive elements)	40	78	<b>.007</b>
Family life total (negative elements)	130	78	<b>.000</b>
Relationship total (positive elements)	16	25	<b>.021</b>
Relationship total (negative elements)	113	84	<b>.002</b>





**Figure 3**

Measure	Pre Treatment	Post Treatment	Significance
Adolescent Wellbeing Total Scale A	990	683	<b>.000</b>
Adolescent Wellbeing Total Scale B	708	504	<b>.004</b>



Results from the pictorial analysis show that the positive elements for both the family life and relationship questions increased post the group, as well as the negative elements for family life and relationship decreasing post the group. Results for the Adolescent Wellbeing Scale A & B totals showed that there was a decrease post the group. A paired samples t-tests were conducted to evaluate the impact of The FLASH Parenting Programme on family life, relationships and Adolescent Wellbeing. A statistically significant decrease in mean score for all measures from pre to post was found (figure 2 & 3 bold font).

### Discussion

The pictorial analysis, both for family life and relationship, showed an increase for positive elements and a decrease for negative elements. This shows that in the areas that should increase, (e.g. happy, rewarding, great fun), did increase post the group, and the areas that should decrease, (e.g. unhappy, uphill struggle, time bomb), did decrease post the group. This shows that The FLASH

Parent Training Programme was successful at improving parent's family life and the relationship with their child. The Adolescent Wellbeing Scale A showed a 307 point drop off. This indicates that the parent's perception or actual, wellbeing of the child improved after taking part in the group. The Adolescent Wellbeing Scale B showed a 204 point drop off. This indicates that the child view of their own wellbeing improved after their parents had taken part in the group. The results were analysed statistically using a paired samples t-test. A statistically significant decrease in mean score was found for the Family life (positive and negative elements), Relationship (positive and negative elements), and the Adolescent Wellbeing Scales A & B, which shows that the change in these areas were not due to chance, the change was due to the intervention of The FLASH Parent Training Programme.

The results have shown that The FLASH Parent Training Programmes in Essex have been a great success. The programmes have led to huge changes in the parent's family life, their relationship with their child/children and their views and their child's views of adolescent wellbeing. This provides new and additional evidence to support the existing data on parenting programmes, showing that they are a successful intervention tool. The results support the fact that behaviour is something that can be changed (new behaviours can be learnt) and that parenting groups are able to fully engage with families to work on children's behaviours.

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