

*Intervention with Children and Mothers
Affected by Domestic Violence: Child
Parent Psychotherapy*

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- Founded in 1992
- Provides clinical intervention to children 0-8 and their caregivers, who have been exposed to violence
- Provides training and consultation to a wide range of professionals on issues related to exposure to violence and young children
- 140+ families seen each year; services are free
- Referrals come from a variety of agencies; 25% of referrals are self referrals

Trauma and Young Children

- Scheerenga & Zeanah (1995): Proposed classification of PTSD symptoms in children age 48 months and younger
 - Unanticipated finding: most potent trauma variable predicting PTSD symptoms was witnessing a threat to the caregiver.

CWVP Survey: Most frequently reported symptoms with referred children < 6 years of age:

Temper Tantrums/Angry Outbursts	60%
Aggressive with Peers	60%
Aggressive with Adults	56%
Demanding/Controlling	50%
Play re-enactment	41%
Nightmares	40%

N=149

Complex Trauma Survey

- Data on 1700 children across 25 site of the NCTSN (15% of the total population of children served during a typical quarter).
- Findings:
 - interpersonal victimization the most prevalent form of trauma for children. This trauma usually occurred in the home: child abuse, sexual abuse, domestic violence, psychological maltreatment
 - fewer than one in ten had been exposed to serious accidents, medical illness or disaster
 - Children averaged exposure to 3 trauma types
 - average age of onset: 5 years old

Impact of Trauma on Caregiver-Child Relationship

- Loss of sense of caregiver as reliable protector
- Disturbed mental representations of who is safe and who is dangerous
- Loss of capacity to sustain representations of caregiver as secure base
- Often intense and contradictory emotions

(Lieberman & Van Horn, 1998)

Impact of Trauma on the Caregiver

- When the caregiver has experienced interpersonal trauma:
 - The ability to establish and maintain an empathic relationship with the child may be impaired
 - The caregiver may have a decreased capacity to recognize danger or stress
 - The caregiver may need to protect him/herself from feelings of vulnerability & trauma
 - The caregiver may have trouble tolerating the child's sadness, anxiety or aggression

Impact of Trauma on Caregiver-Child Relationship

- Either partner may develop new negative attributions based on trauma experience
- Caregiver and child may serve as traumatic reminders for one another

Pynoos, 1997

At the Systems Level: Principles for Intervention with Children Exposed to Domestic Violence

- Interventions occur within an ecological framework, considering the child/ family in the context of other systems that affect the family.
- Active involvement of the non-abusing parent, as an essential component of intervention.
- Interventions aimed to reduce risk & promote resilience in children, using approaches that are flexible and tailored to meet the contextual (cultural and community) needs of families.
- Interventions informed by an understanding of child development, the developmental impact of trauma on children, and the dynamics of domestic violence.

Child-Parent Psychotherapy

- ∞ Developed by Alicia Lieberman, Patricia Van Horn & colleagues, at UC- SF
- ∞ Relationship-based dyadic intervention
- ∞ Manualized--"Don't Hit My Mommy" published by Zero to Three Press
- ∞ Home or office -based
- ∞ Bi-lingual capacity

Child-Parent Psychotherapy: Theoretical Target

- Targets the system of jointly constructed meanings (often inaccurate and maladaptive) in the caregiver-child relationship

Conceptual Premises

- The attachment system is the main organizer of children's responses to danger and safety in the first five years of life
- Emotional and behavioral problems in infancy and early childhood need to be addressed in the context of primary attachment relationships

Treatment Modalities

- ∩ Play, physical contact & language
- ∩ Unstructured developmental guidance
- ∩ Modeling appropriate protective behavior
- ∩ Interpretation
- ∩ Emotional support
- ∩ Crisis intervention/case management

Implementing Child-Parent Psychotherapy at the Child Witness to Violence Project : Nuts and Bolts

- Families seen in two-session clinic intake
- Family members seen in flexible combination of joint and individual meetings
- Assessment has structured and unstructured components.

CWVP Intake/assessment

- What is the caregiver most concerned about? (symptoms)
- Custody and legal issues
- Violence exposure
 - Other traumatic events
- Demographic information
- Developmental history
- Child's behavioral history
- Caregiver history

Structured protocols

- PSI (Parenting Stress Index)
- TESI (Traumatic Events Screening Inventory)
- TSCYC (Trauma Symptom Checklist for Young Children)

Who to Interview?

- The non-abusing parent
- The abusive parent in some situations:
 - Has contact with the children
 - The non-abusing parents says it is safe and appropriate
 - Is fully informed about the focus & purpose of the counseling

Treatment Goals

- Restore levels of functioning in development, daily activities, and adaptive coping
- Develop a new perspective on the traumatic experience.
- Restore a sense of predictability and trust in the parent child relationship

Treatment Strategy

Promote a child's development, self esteem and self regulatory capacity

- Identify child skills and talents
- Provide activities that promote mastery, new learning and confidence-building
- Develop strategies with child and family to assist the child in regulating affect and behavior
- Support the child's care giving system (parents and teachers) in their efforts to promote child's development, self esteem and self regulatory capacity

Stabilize the environment for the child and family

- Address issues of safety
- Provide advocacy, resource information, referrals and assistance.
- Educate parents and other providers about the importance of attachment relationships, stability, rituals and routines in a child's life.

Devise strategies for reducing symptoms

Symptom Clusters:

- Re-experiencing the trauma – recurrent recollections, dreams, memories, distress at trauma triggers
- Avoidance of stimuli related to trauma, numbing of affect
- Increased arousal and activity level, impaired concentration

Strategies for Reducing Symptoms

Symptom Cluster #1: Re-experiencing

- Help child and parent identify feelings
- Help child contain and stabilize feelings
- Help child contain specific dreams and recollections

Strategies for Reducing Symptoms

Symptom Cluster #2: Avoidance of Stimuli

- Help child get back in touch with bodily sensations
- Teach child thought stopping techniques
- Teach behavioral steps based on hierarchy of anxiety provoking experiences

Strategies for Reducing Symptoms

Symptom Cluster #3: Increased Arousal

Teach:

- deep breathing
- safe place guided imagery techniques
- progressive muscle relaxation
- additional relaxation exercises
- desensitization skills

Fostering Responsive Parenting

- Provide access to concrete assistance; be a good advocate
- Help parents understand symptoms and behaviors
- Provide specific strategies for behavioral intervention
- Help parents read and respond to cues, enhance parent/child interactions
- Help parent talk to child about traumatic experience

Adapting CPP for use in shelters

Strength-based screening

- Identify health or developmental needs
- Identify mental health risks
- Learn about the parent child relationship
- Identify strengths in the child and parent.

Essentials of Screening

- Health history
- Developmental history
- Parent concerns
- Strengths in the child, the parent, and the parent-child relationship

Focus of screening

- Vulnerabilities and strengths in the mother-child relationship
- The child's temperament
- Possible traumatic reminders for the mother and child
- Expectations and beliefs about each other (mother and child)
- Is the child's behavior outside the norm that you usually observe?
- Is the mother able to soothe the child or do they dysregulate each other?

Working with Children and Parents: Key Considerations/Ideas

- ⊗ Children's behavior has meaning
- ⊗ Translating children's emotional/behavioral communications for parents: "I wonder why he is doing that?"
- ⊗ Parent and child's needs and agendas may be in conflict with one another
- ⊗ Young children need adults to help them make sense of events and to construct a narrative

Child-Parent Support:
Central Principals of Intervention

- Never intervene without considering the impact of your intervention of both members of the dyad.
- Often, the best way to help the child is to work through the parent

Questions

Case #1

- *What is your assessment of the situation?*
- *What feelings/reactions do you have about this situation?*
- *How do you intervene?*
- *What is your rationale for choosing this way of intervening?*

Jasmine, age 6, comes back from a visit with her father. She is talking about how much fun she had with her father: "He took me to Burger King, and then we went to some stores, and he bought me this necklace!"
Her mother speaks sharply: "I don't want to hear about it. Your father is a bad man. He is spoiling you."
Jasmine stops talking and looks down at the floor.

Questions

Nicholas

- *What is your assessment of the situation?*
- *What feelings/reactions do you have about this situation?*
- *How do you intervene?*
- *What is your rationale for choosing this way of intervening?*

Nicholas, age 2, is a spirited and active toddler. In playgroup, he has trouble sharing his toys. On one occasion, when another child tried to use a toy car that he had been using, Nicholas bit the child. His mother saw this interaction, and said, "He is going to grow up just like his father. What can I do?"

Questions	Sasha
<ul style="list-style-type: none"> • <i>What is your assessment of the situation?</i> • <i>What feelings/reactions do you have about this situation?</i> • <i>How do you intervene?</i> • <i>What is your rationale for choosing this way of intervening?</i> 	<ul style="list-style-type: none"> • Sasha, age 9, and her mother are completing an intake interview with the advocate. One of the questions that is asked of the mother is whether she is interested in counseling for her daughter. The mother says “Why, do you think she needs it? I just think she is a bad child, and counseling won’t do anything to help that.”

Questions	Derrick
<ul style="list-style-type: none"> • <i>What is your assessment of the situation?</i> • <i>What feelings/reactions do you have about this situation?</i> • <i>How do you intervene?</i> • <i>What is your rationale for choosing this way of intervening?</i> 	<ul style="list-style-type: none"> • Derrick, age 3 is playing in the playroom. His 5-year-old sister is also in the room. The advocate and the mother are talking as they play. Suddenly, without any apparent reason, Derrick runs over to his sister and hits her on the head. She starts to cry.

Resources for parents
<ul style="list-style-type: none"> • National Child Traumatic Stress Network: <i>nctsn.org</i> <ul style="list-style-type: none"> • Handouts available: <ul style="list-style-type: none"> – what is child traumatic stress? – Age-related reactions to trauma – Treatments that work – Finding help: how to choose a therapist • Child Witness to Violence Project <i>childwitnessviolence.org</i>

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