

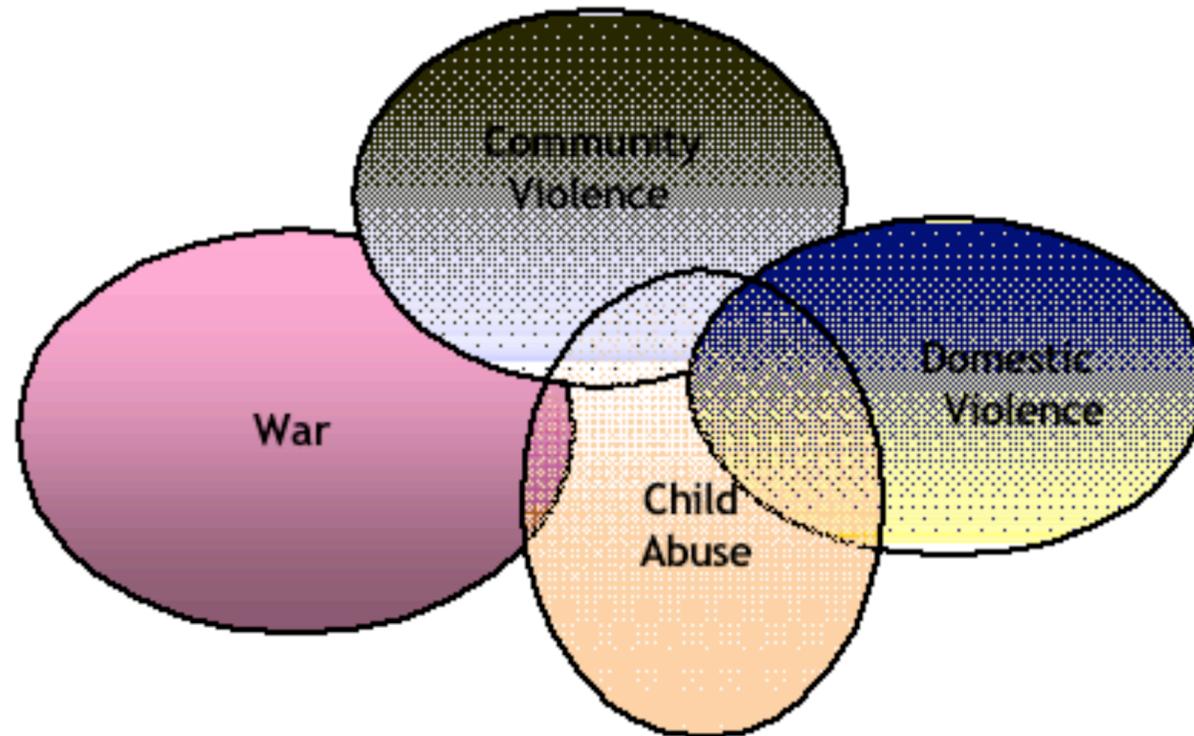
# **Child-Parent Psychotherapy with Young Children Exposed to Violence**

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# Frequent Traumatic Stressors in Infancy and Early Childhood

- Exposure to violence
  - Child Abuse
  - Domestic Violence
  - Community Violence
- Accidents
  - Car crashes
  - Near drownings
  - Dog bites

# Children's Exposure to Violence



# Convergence of Types of Violence

- Children exposed to domestic violence
  - 15 times more likely to be abused than average
  - 30-70% overlap with child abuse
  - Serious risk of sexual abuse
- Battered women
  - Twice more likely to abuse their children than comparison groups

(Osofsky, 2003; Edleson, 1999; Margolin & Gordis, 2000; McCloskey, 1995)

# Children Exposed to Domestic Violence

- Double the rate of psychiatric problems than comparison groups
- Psychiatric problems persist
- Increased risk of adult family violence
- Younger children more vulnerable

# A Developmental View of Traumatic Stress

- Childhood traumatic stressor:
  - Actual or threatened death or injury to the child or others
  - Threat to the physical or psychological integrity of the child or others

(DC:0-3R, 2005)

# Traumatic Stress Disorder in Early Childhood

- Re-experiencing trauma: post-traumatic play, distress at reminders
- Numbing of affect: social withdrawal, affective constriction, developmental losses
- Increased arousal: heightened startle response, decreased concentration, hypervigilance
- Associated features: New Symptoms

(DC:0-3R, 2005)

# Impact of Trauma on Caregivers

- Loss of felt security
- Changed view of self/other
  - Victim
  - Perpetrator
  - Helpless bystander
- Traumatic reminders
- Traumatic expectations

# Changes in Parent-Child Relationship after Trauma

- Impaired affect regulation
- Mutual negative attributions
  - Changed mental representations
  - Traumatic expectations
- Parent and child as traumatic reminders for one another

# Domestic Violence in Infancy and Early Childhood

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Contradictory feelings toward the parent

(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

# Treating Young Children

- Young children develop in relationships
- Young children use relationships with caregivers to
  - Regulate physiological response
  - Form internal working models of relationships
  - Provide secure base for exploration and learning
  - Model accepted behaviors

# Child-Parent Psychotherapy Goals

- Encouraging normal development: engagement with present activities and future goals
- Maintaining regular levels of affective arousal
- Establishing trust in bodily sensations
- Achieving reciprocity in intimate relationships

# Child-Parent Psychotherapy

## Trauma-related goals

- Increased capacity to respond realistically to threat
- Differentiation between reliving and remembering
- Normalization of the traumatic response
- Placing the traumatic experience in perspective

# Multi-Theoretical

- Developmentally Informed
- Attachment
- Trauma
- Psychoanalytic
- Social Learning
- Cognitive–Behavioral
- Culturally informed

# Child-parent Psychotherapy Intervention Modalities

1. Promote developmental progress through play, physical contact, and language
2. Unstructured/reflective developmental guidance
3. Modeling protective behaviors
4. Interpretation: linking past and present
5. Emotional support
6. Concrete assistance, case management, crisis intervention

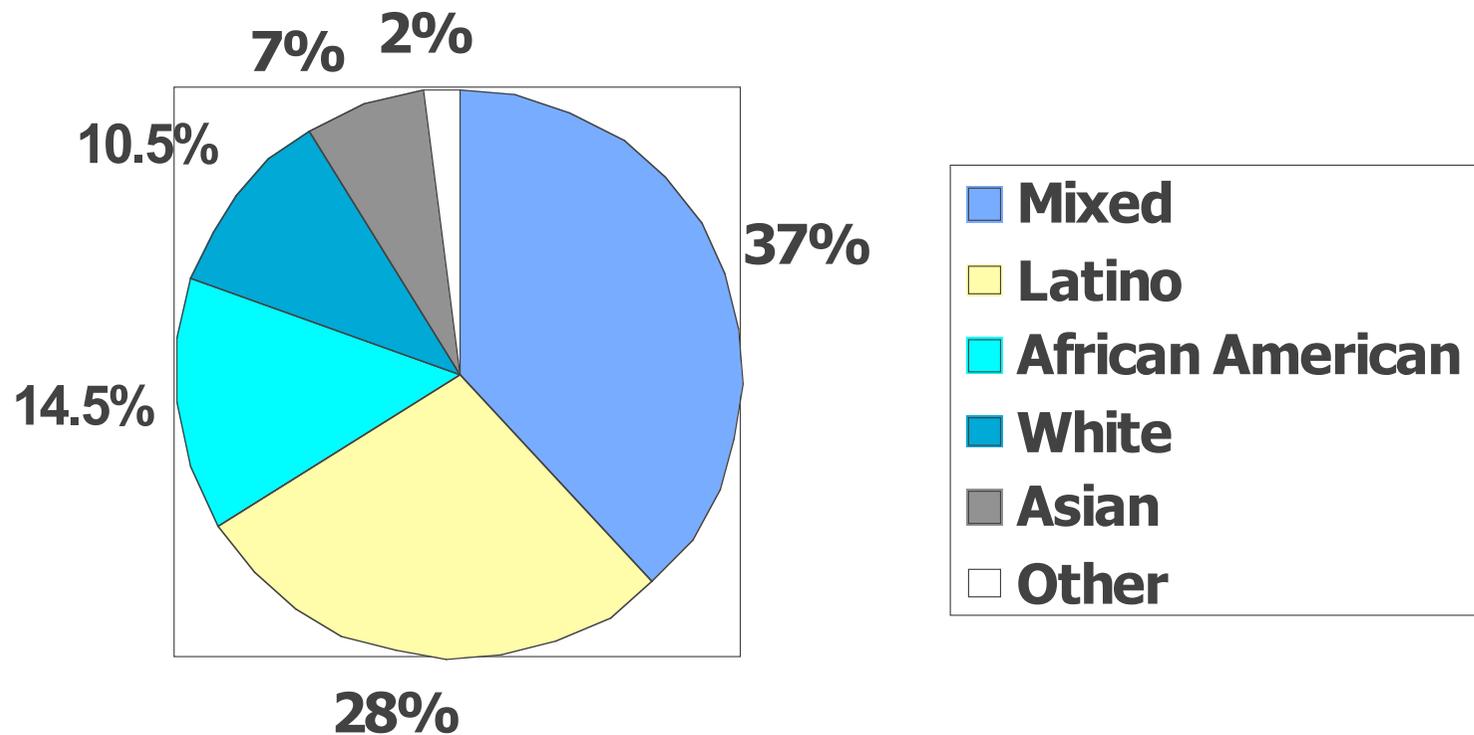
# Study Overview

- NIMH manual development grant
- Randomized control design
- Participants randomized to Child-Parent Psychotherapy or Case Management plus standard community intervention
- Assessments at intake, 6 months, 12 months, and 6 months post treatment

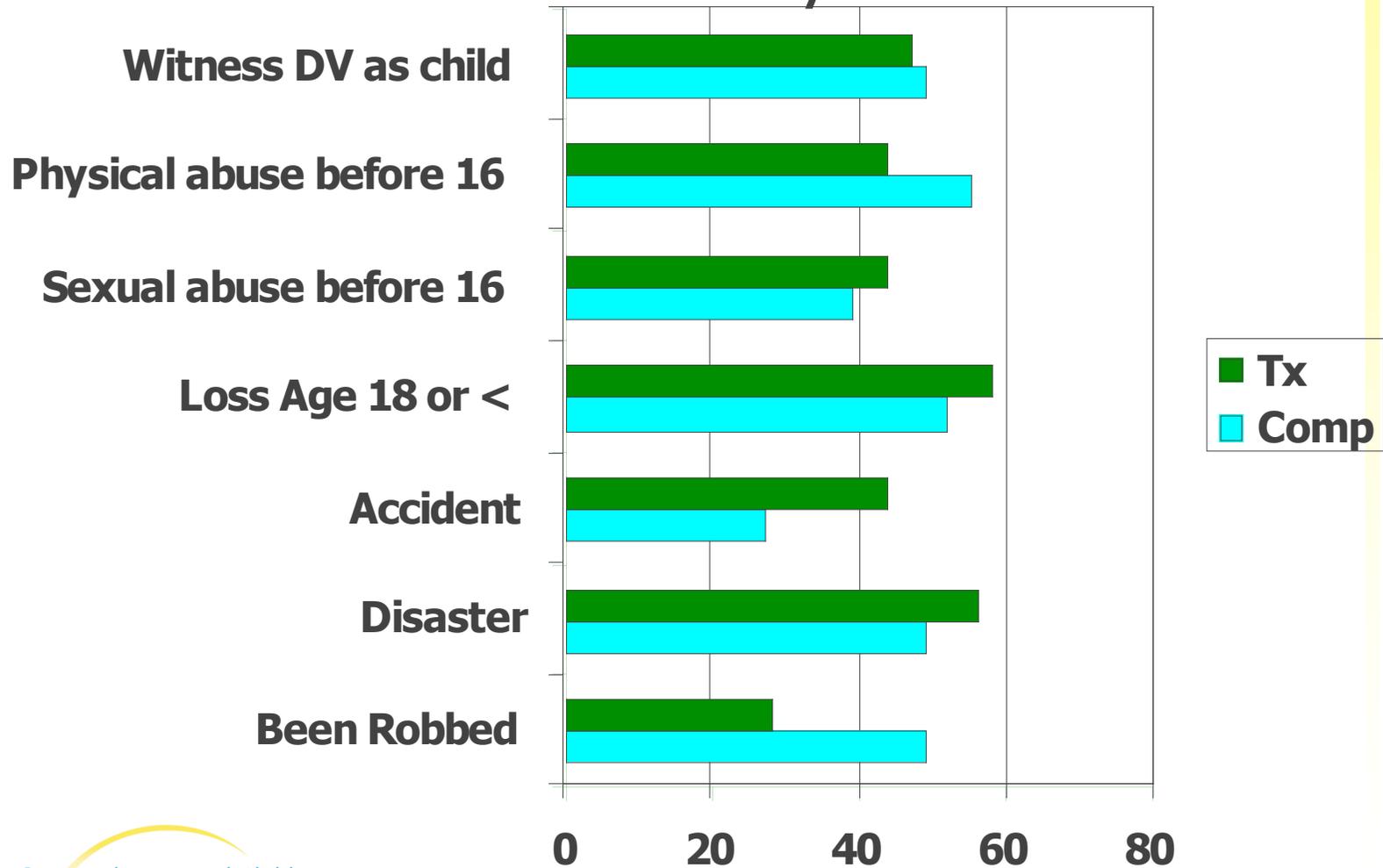
## Participants:

Group	Gender		Age	
	Girls	Boys	<u>M</u>	<u>SD</u>
Treatment	26	17	4.06	.86
Comparison	13	20	4.07	.77

# Ethnicity of Children



# Maternal Trauma History



# Outcome Measures

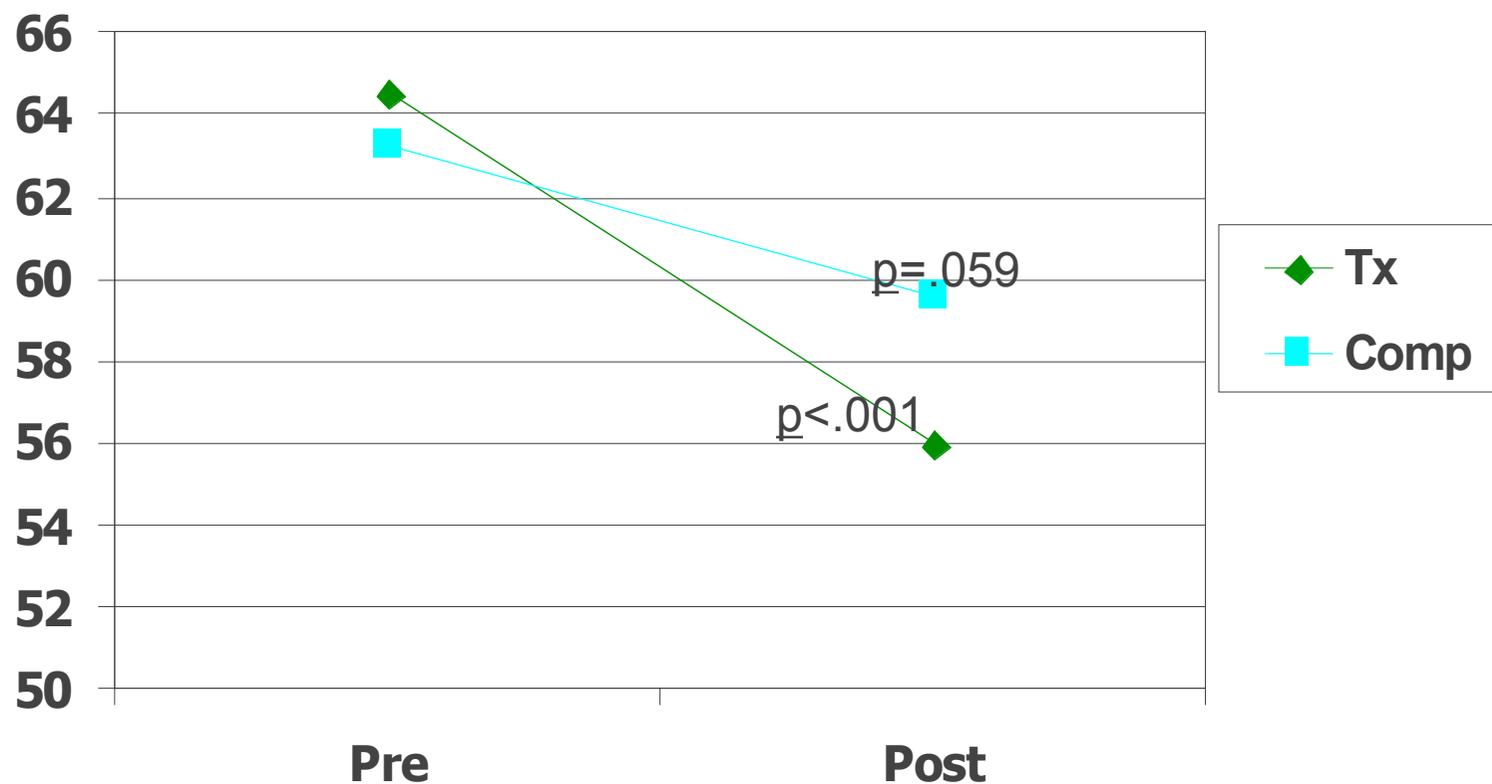
- Child Symptomatology

- Semi-Structured Interview for DC:0-3 (DC:0-3)
- Child Behavior Checklist (CBCL)

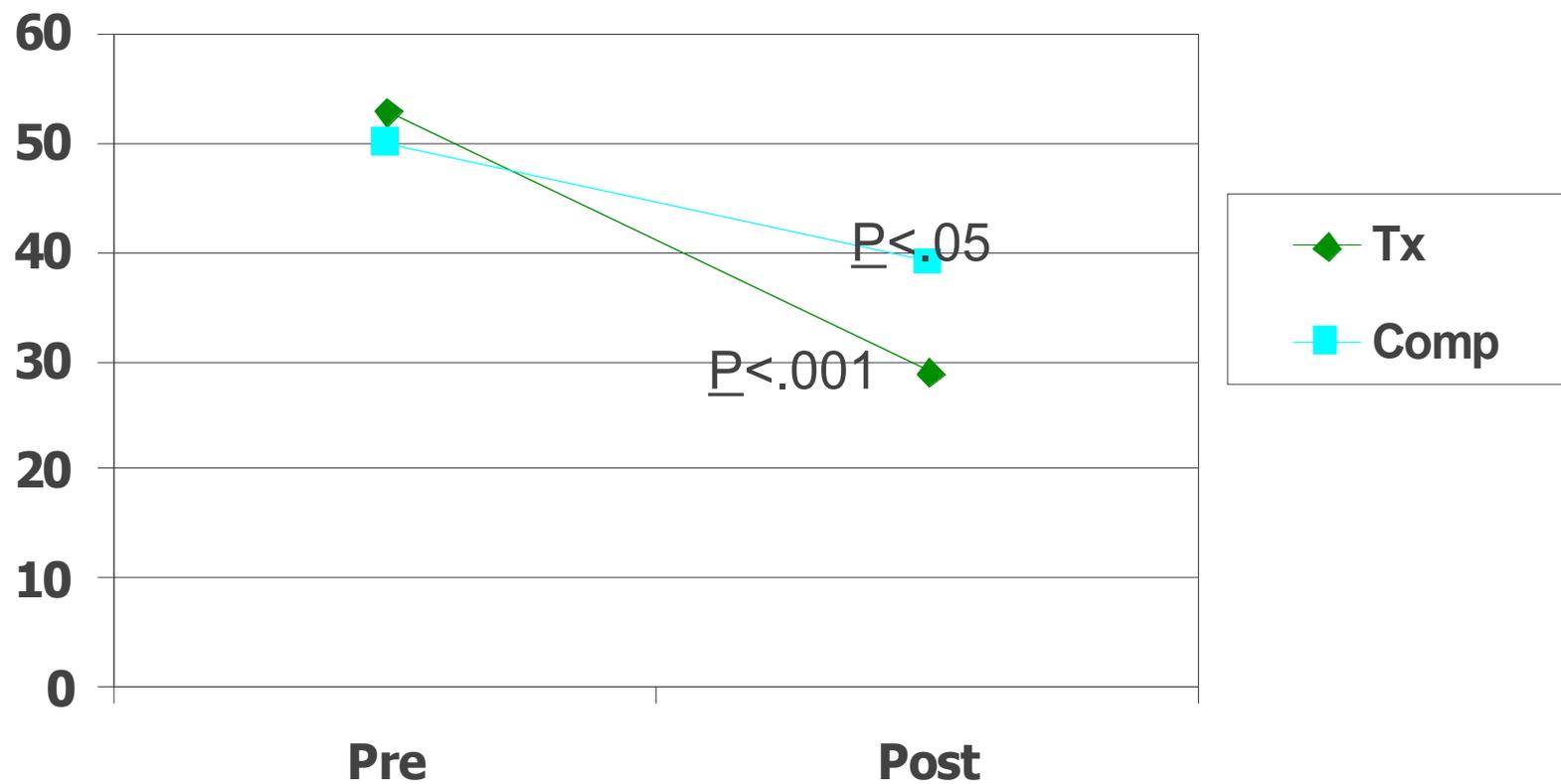
- Maternal Symptomatology

- Clinician Administered PTSD Scale (CAPS)
- Symptom Checklist (SCL-90-R)

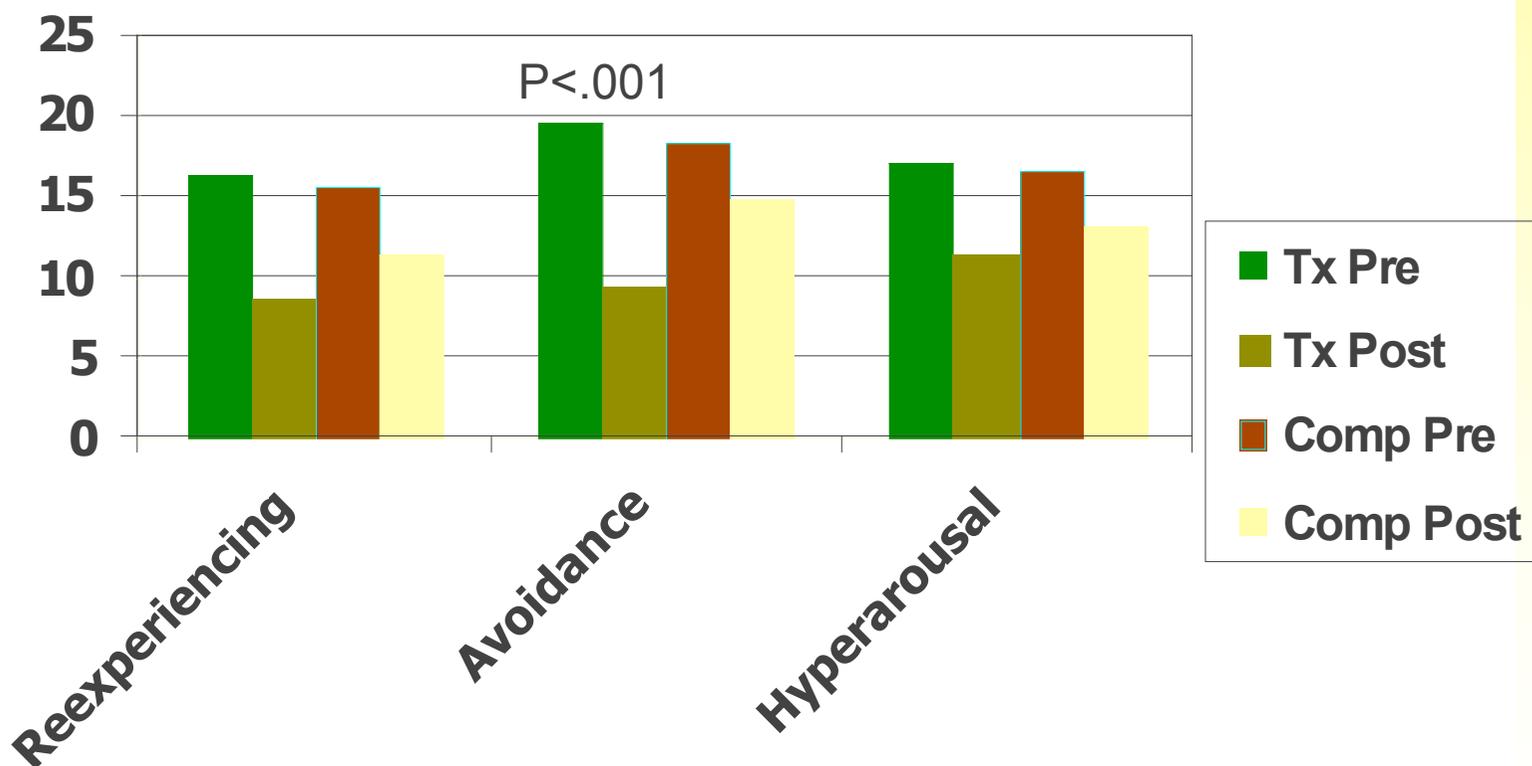
# Maternal Symptomatology: Global Distress SCL-90-R



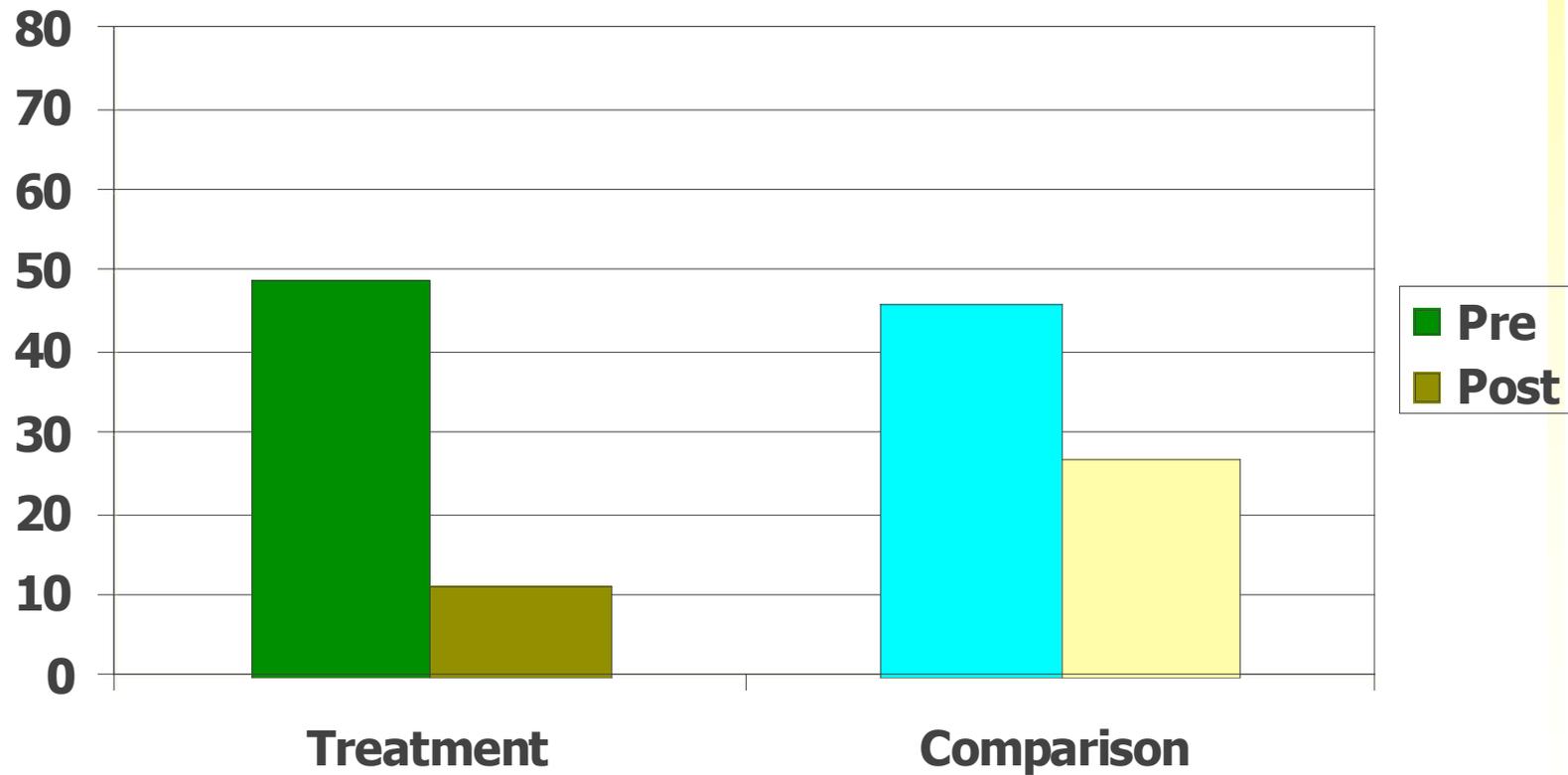
# Maternal Symptomatology: PTSD (CAPS Total Score)



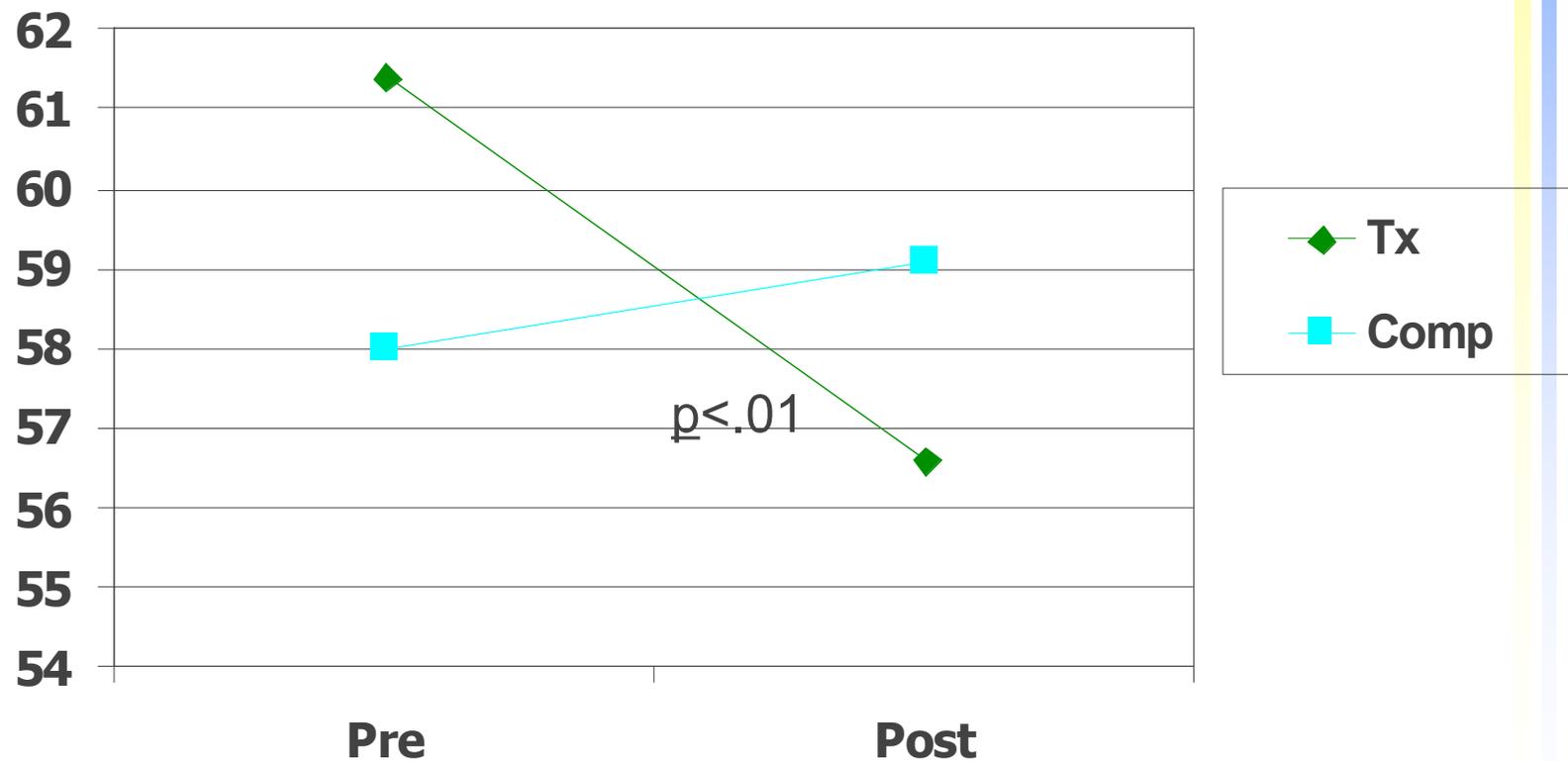
# Maternal Symptomatology: PTSD (CAPS)



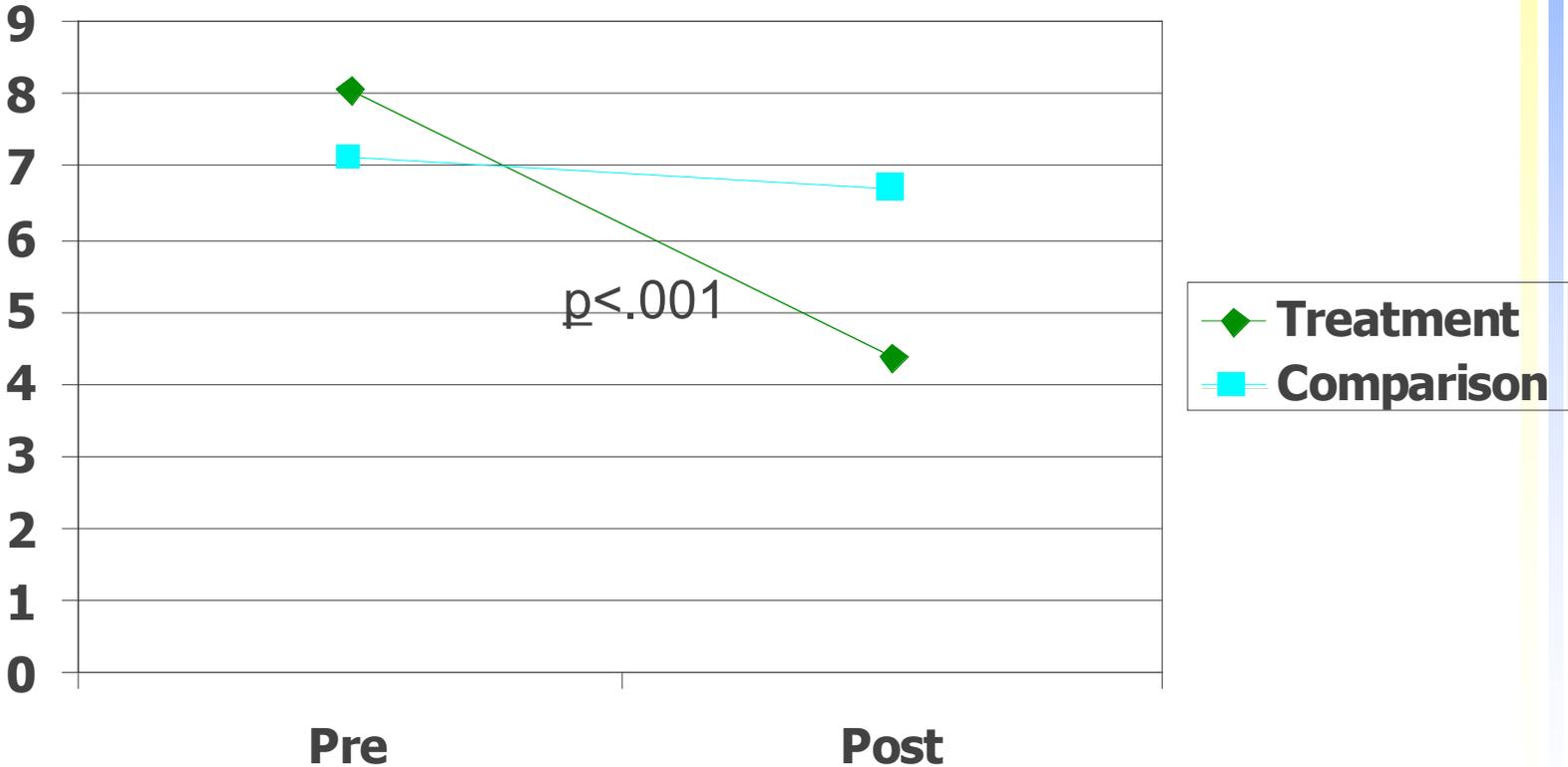
# Maternal PTSD Diagnosis



# Child Behavior Problems: Total Problems (CBCL)



# Child Traumatic Stress Disorder



# Child Diagnosis: Traumatic Stress Disorder

