PREVENTING CHILD PHYSICAL ABUSE:

COMBINED PARENT-CHILD COGNITIVE BEHAVIORAL THERAPY (CPC-CBT)

Kristin Dean, Ph.D. & Michele Moser, Ph.D.

Tennessee Centers of Excellence







CHILD PHYSICAL ABUSE PREVALENCE RATES



In 2014, surveys suggested that 37% of children in US were exposed to corporal punishment (Finkelhor, 2019)

World Health Organization (WHO, 2016) indicate that 25 – 50% of children worldwide have experienced child physical abuse (CPA)

Six out of every 10 children reportedly experience some form of CPA in their lifetime (UNICEF, 2014)

52% of the Child Maltreatment Types substantiated in TN in 2022 were for physical abuse out of 6924 victims. (Child Welfare Outcomes, US Department of Health and Human Services)

RESEARCH: IMPORTANCE OF CAREGIVER

It is necessary to include the caregiver in the mental health treatment of trauma-impacted children to promote optimal emotional and behavioral outcomes for children



QUALITY OF RELATIONSHIP WITH CAREGIVER

Positive Childhood Experiences



Improved Mental Health Outcomes and Relationships in Adulthood

Adverse Childhood Experiences

THIS IS NOT NEW INFORMATION



Supportive adult is a major protective factor contributing to children's resiliency and ability to cope with stressors (Cowen & Work, 1988)

The number one predictor of a child overcoming the impact of trauma/abuse is a supportive caregiver (Mannarino & Cohen, 1981)

CAREGIVER INVOLVEMENT FOR OPTIMAL OUTCOMES FOR CHILDREN

Early research examining Trauma-Focused CBT demonstrated the importance of caregiver involvement and caregiver support for optimal outcomes for trauma-impacted youth (Deblinger et al., 1996; Cohen & Mannarino, 1996)

3 treatment groups: child alone, parent alone, child & parent (Deblinger et al. 1996)

- Child alone significant improvements in PTSD symptoms
- Parental involvement in treatment was critical to the significant improvements seen with respect to behavior problems, child depression, and parenting practices

CAREGIVER INVOLVEMENT SPECIFIC TO CHILD PHYSICAL ABUSE

- A study examining Combined Parent-Child CBT evaluated the added benefit of including the child who is physically abused in the at-risk or abusive parent's treatment
- Greater reductions in children's PTSD symptoms and improvements in positive parenting skills when both the child and parent were involved in treatment compared to treating the parent alone

COMBINED PARENT-CHILD COGNITIVE BEHAVIORAL THERAPY

Child Sessions 35-40 Minutes

Caregiver Sessions 35-40 Minutes

Trauma-informed, evidence-based therapy

Family Sessions 10-20 Minutes

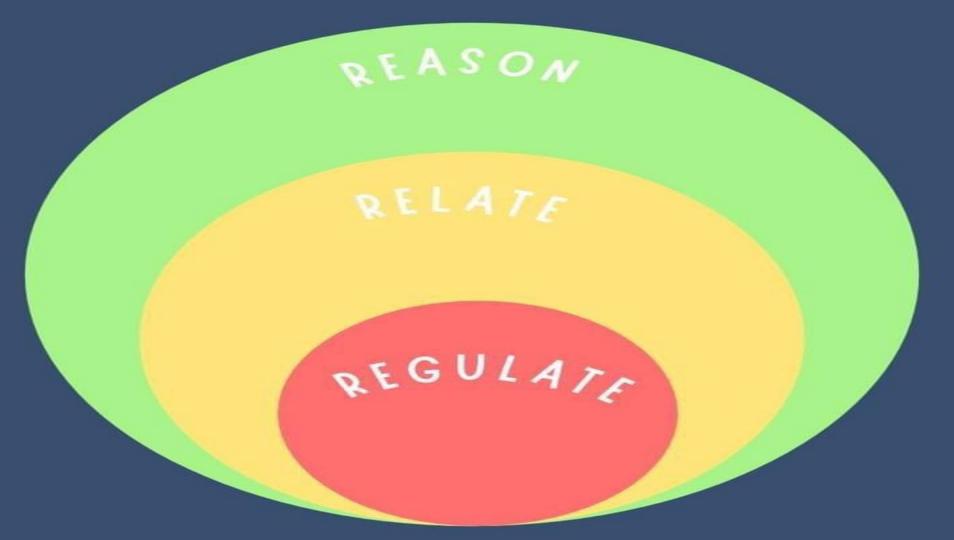
Short-term (16-20), 90-minute sessions

COMBINED PARENT-CHILD COGNITIVE BEHAVIORAL THERAPY

Coping Skills Family Safety Engagement Clarification Planning & Phase Phase Phase **Skill Building** Engagement **Effective Coping Skills** Consequence **Cognitive Coping** Review Assertiveness **Parent Sessions** Safety Planning **Abuse Clarification** Commitments Anger Management **Praise** Social Problem Violence Solving **Psychoeducation Parenting Skills Motivational Interviewing** SESSIONS 12-16 **SESSIONS 1-3** SESSIONS 3-6 SESSIONS 7-11 **Engagement & Coping Skills** Safety Planning **Abuse Clarification Psychoeducation** Phase Phase Phase Phase **Violence Psychoeducation** Engagement **Developing Trauma Child Sessions** Safety Planning **Emotional Effective Coping Skills Narrative Expression Cognitive Coping** Assertiveness **Anger Management Social Problem Solving** Joint Parent-Child Sessions



DR PERRY'S 3 STEPS EXPLAINED





LEUL ATE

Use soothing language
Safe space
Allow them time
Use quiet tones
Make sure they're comfortable
Ensure they're with a trusted adult

They can't learn or reflect in fight/flight mode, so their psychological stress responses need to be calmed <u>first.</u>







Calm, sensitive dialogue
Acknowledge how they feel
Connect with them
Share your own experiences of that
emotion

This connection will help them produce oxytocin, which will calm their nervous system.







Teach them the language of emotions

Talk about regulation techniques

Remind them about safe places and

people

Now they are calm, they are in a mindset to learn – which will mean next time they feel this emotion they will have helpful strategies to rely on.





WHY IS PARENTAL EMPATHY A KEY FACTOR IN PARENTING?

Empathy changes how we act

Research indicates that parents who empathize with their children are less likely to use any type of physical discipline/physical abuse (Bi & Keller, 2019; Rodriguez, 2013)

Emotional empathy in the context of the parent-child relationship appears to be particularly important

Enhancing parental empathy can promote safety

WHERE DO CAREGIVERS LEARN TO EMPATHIZE WITH OTHERS?

Often, not from their biological caregivers

- Label and acknowledge emotions
- Model empathic behavior by demonstrating an understanding of how others might feel in specific situations
- Practice putting themselves in "another's situation"
- In children, encourage kind, compassionate behavior

PHASES OF TREATMENT

Phase 1:

Phase 1: Engagement

2

Phase 2: Coping skills

3

Phase 3: Family safety planning

4

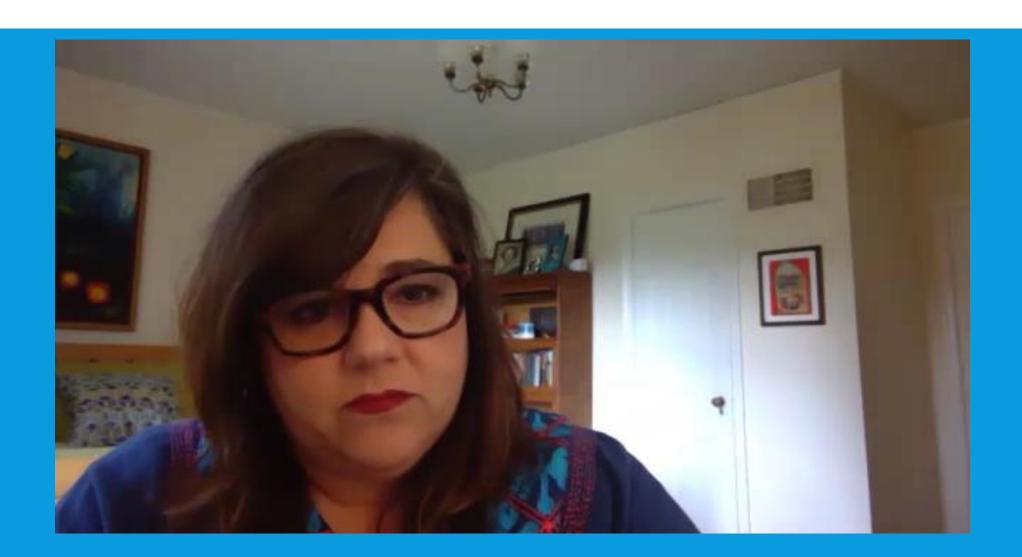
Phase 4: Clarification

PHASE 1: ENGAGEMENT



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DISCLOSURE OF THE REFERRAL INCIDENT



DISCLOSURE OF THE REFERRAL INCIDENT



WHAT DID WE LEARN ABOUT THE PARENT?

- How much responsibility does the parent take for their abusive behavior?
- What degree of remorse does parent have for their actions?
- Do they have any recognition or empathy for impact of their actions on the child?
- Was the parent aware of the escalation in intensity of their emotions?
- What are some of the beliefs and cognitive distortions the parent has about their child and the child's behavior?
- Does the parent have developmentally appropriate expectations for the child?

LET'S PRACTICE!

Role play with partner

- One therapist, one parent
- Pick one event of parental verbal or physical abuse / coercive parenting

"Tell me about [the event]"

- Before
- During
- After

Elicit thoughts, feelings, behavior

- What were you doing? What was your child doing?
- How were you feeling? How would you rate that feeling (1-10)?
- What were you thinking?



PSYCHOEDUCATION ABOUT ABUSE AND VIOLENCE

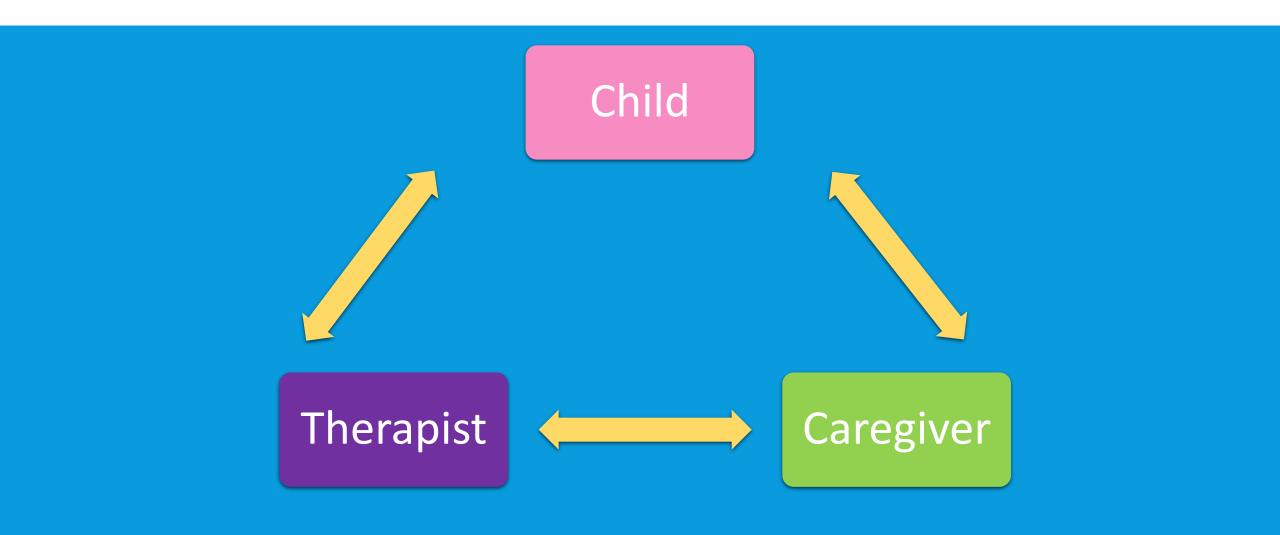
- Psychoeducation about trauma, impact of trauma, and trauma reactions
- Psychoeducation about child maltreatment, emotional abuse, physical abuse and violence
- Psychoeducation about the impact of child physical abuse and violence on children's emotional and behavioral functioning as well as the relationship with the caregiver

Process begins by asking the caregiver to talk about any abuse (physical, sexual, or emotional) or violence that they or their child have been exposed to in their community or home

RESPONDING TO PARENT'S HISTORY OF ABUSE TO BUILD EMPATHY DURING PSYCHOEDUCATION COMPONENT



CIRCLE OF EMPATHY



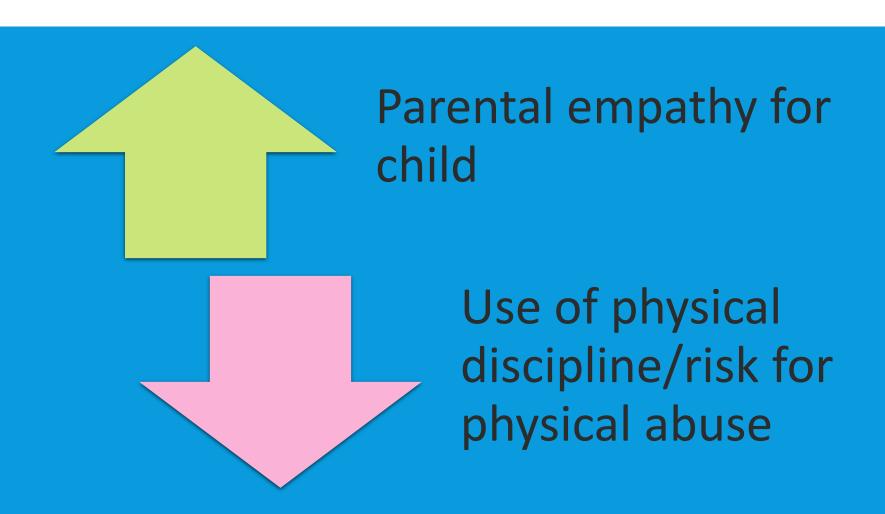
PROMOTE LONG-TERM SAFETY, TRAUMA-INFORMED PARENTING, AND EMOTIONAL SUPPORT OF CHILDREN

Direct relationship between lack parental empathy and use of physical discipline

Correlation between lack of parental empathy and child physical abuse



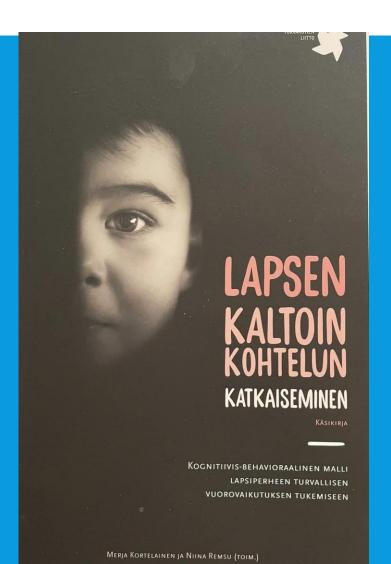
CONCLUSION

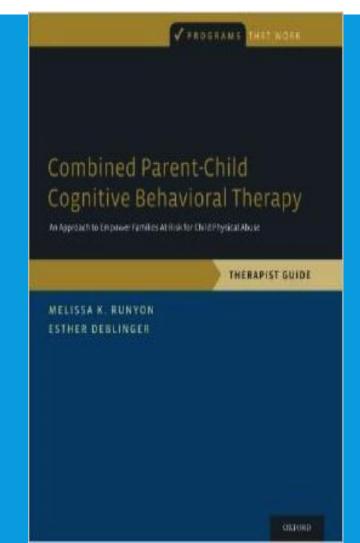


ENHANCING A CHILD'S SAFETY INVOLVES MUCH MORE THAN HOLDING A PARENT ACCOUNTABLE FOR THEIR ABUSIVE BEHAVIOR!

ENGLISH, JAPANESE, FINNISH AND CZECH TRANSLATIONS OF THE MANUAL









For Information about CPC-CBT:

Dr. Melissa Runyon
MelissaRunyonPhd@gmail.com
Website: http://melissarunyon.com/cpc-cbt

Tennessee Centers of Excellence Best Practices:

Dr. Kris Dean at kdean@utmck.edu

Dr. Michele Moser at moser@etsu.edu

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