Implementing Child Parent Relationship Therapy
Loyola Series: Part IV

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Introduction

Who am I

Tell me about you:

- What brought you to this presentation?
- What do you hope to learn?
- What is your mental health field? (LPC, School, etc.)

VIGNETTE

Kilgore and Marsha Trout have been together for 19 years. They met in high school and began dating their senior year. They have three children, the oldest Kurt is 17, the middle Klara is 15, and the youngest Kenny is 6. Kilgore works as an off-shore welder, typically working 14 days straight away from home and then home again for 7. Marsha works part-time at Kenny's school as a teacher's assistant. Kilgore and Marsha's relationship is characterized by emotional distance. Marsha reports that when Kilgore is home he doesn't pay a lot of attention to her and is more interested in fishing and playing "fantasy sports". Additionally Marsha reports concern regarding Kilgore's drinking and use of pain medication following a work related back injury two years prior. One of her major complaints is that she spends all day every day on the children and keeping the household running and rather than offering relief when he is home Kilgore makes her feel like she has four children. She has been frustrated by this for years and traces it back to right after Klara was born. She suffered from post-partum depression and after some individual therapy became very aware of how little Kilgore paid attention to her well-being. As she climbed out of her depression she stopped expecting any help from him and went back to school and got her teaching certificate.

VIGNETTE Continued

At the start of first grade Kenny (6) began to display behavior that caught the attention of his teacher and subsequently the school counselor. He was always an active kid but he was now unable to stay in his seat for long, was constantly reprimanded for his disruptive behavior, and needed to be removed from class weekly. He also began wetting himself several times a week. This behavior is particularly distressing to Marsha and as she works at the school and finds herself having to leave her duties to clean him up and give him a change of clothes.

Kurt seems to be a slightly anxious 17 year-old but has no behavioral issues. He is about to graduate high school and is generally ready to get out of the house.

Klara is withdrawn and recently expressed some vague suicidal ideation to her school counselor. She attended counseling for almost two years in elementary school to address depression and self-esteem issues.

The only other member of the family to have previously attended counseling is Marsha. After Klara was born she attended therapy to address her post-partum issues. While in therapy Marsha also began to recognize the lasting impact of two significant traumas she experienced while in high school; one was a rape at the hands of her first boyfriend and the other was a drunk driving accident she was in that killed her best friend. Marsha reports that she frequently thinks of both, still has nightmares about them, and finds herself stressed and unable to relax for several hours after she thinks about them.

Family

Reported Issues/ Problems:

Kilgore

Marsha

Kurt

Klara

Kenny

Family Therapy with Young Children

*Developmental Level

*Verbal Language

*Merging the Abstract & Concrete

The problem of Kenny

Too young to speak about abstract family issues

Systemic Symptoms

- Wetting Self
- Disrupting Class
- Missing class/ removal from class weekly

Treatment Options

Begin Family Play Therapy (includes all members and meets Kenny at his level)

Begin Individual therapy with willing members (hopefully all) and have family play therapy (FPT) sessions at a later time

Begin Individual sessions, FPT on occasion, & Child Parent Relationship Therapy (parenting)

Play Therapy & Systems Theory

Systemically, families will often bring the child in for play therapy due to the difficulty the symptoms cause in the family.

- Identified "patient" or "client" (child/ren)
  - Manifesting family isssues
- Child symptoms can be very disruptive to the parents/ family
- Doorway
- Multi-modal treatment opportunities (PT, FPT, CPRT)

Treatment Plan: Play Therapy

Doorway/ Window Analogy

Play Therapy & Parent Consultations/ CPRT

Play Therapy

- Supports the child
- TG: Reduce incidents of wetting self at school AEB mom reporting less disruption in her work schedule
- TG: Reduce disruption in class AEB being able to stay in class for on week without disruption

Family & Parenting

What happens when the “child client” starts making adjustments?

How does the family respond?

How is parenting impacted?

- Importance of reaching out to the “estranged parents” (when applicable)

Play Therapy & Parent Consults

Meet with parents regularly (monthly or more)

- Develops trust, engages into process, involves

Assessment Opportunities

- Parenting Styles
- Marriage concerns
- Family Atmosphere

Family Interventions

* Fluid Interventions
  - Family Play Therapy
    - Developmental Level of the YOUNGEST Member of the family
    - Inclusive/ Systemic (DOORWAY)
    - Assessment of family dynamics
      - Family Art Assessment (FAA)

Family Activity Ideas

Draw a picture of your family as animals

Family sand Genogram

Photo-therapy

“Ideal Family”

Family Shield

Family Culture exploration (sports, integrity, etc) collages

Play Therapy & Parent Consults

Parenting Interventions based on STAGE

ENGAGEMENT

Feeling vocabulary, active listening

COOPERATION (Advice seeking)

Basic limit setting skills

INCORPERATION (Insight)

Advanced limit setting, Advanced Parenting (CPRT)

TERMINATION (relief)

Child Parent Relationship Therapy (CPRT)

Parent Education Model/ Curriculum (8-10 sessions)

Parent is the "agent of change"

Follows "supervision model" & group therapy models (individual also OK)

Empowers parent

Bleeds into other relationships (spouse or other parent, other children, etc.)

CPRT Continued

Allows Parent to:

- Build confidence
- Empowers parent
- Creates Empathy for child/ children
- Develops skills (ex. active listening)
- Healing Message (TRACKING)
  - I am here, I hear you, I understand, I care

CPRT Model & Skills

Laboratory Requirement
- 30 minutes / week

Adapt to older children
- Each parent chooses one child

Basic Play Therapy Skills
- Tracking
- Reflecting content & feelings
- Returning responsibility
- Self-esteem building
- Basic & Advanced limit setting skills

CPRT Treatment Goals

Develop the PARENT/ CHILD relationship

Build CONFIDENCE in the Parent

Build CONFIDENCE in the Child

Develop a sense of:

- Self-RESPONSIBILITY in the child
- Self Control in the child
- Decision Making, etc

CPRT Treatment Goals

Develop a sense of:

- Responsibility for parent
- Empowerment as parent
- Capable of helping child
- Empathic parenting style

The skills apply/ spread to relationships throughout the family

Questions?

Individual Therapy for willing members

Play Therapy for Kenny

- Parent Consults
- Occasional Family Play Therapy (assessment, fun)
- Child Parent Relationship Therapy
  - Termination of Kenny Play Therapy
- Termination of Family Play Therapy & CPRT
- [*Some members may continue individual treatments, as needed