Implementing Child Parent Relationship Therapy
Loyola Series: Part IV

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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.)
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.
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Klara is withdrawn and recently expressed some vague suicidal ideation to her school counselor.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
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)
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 issues
- Child symptoms can be very disruptive to the parents/family
- Doorway
- Multi-modal treatment opportunities (PT, FPT, CPRT)
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
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
*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
Parenting Interventions based on STAGE

ENGAGEMENT

Feeling vocabulary, active listening

COOPERATION (Advice seeking)

Basic limit setting skills

INCORPORATION (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
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
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
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

Questions?