

Parent Issues in Child Parent Psychotherapy

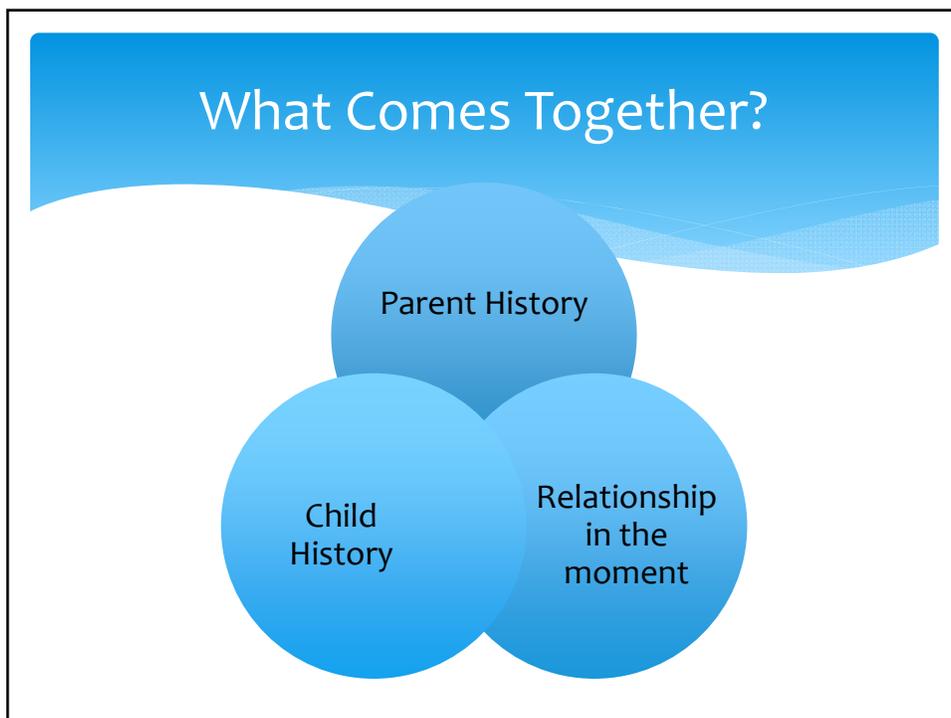
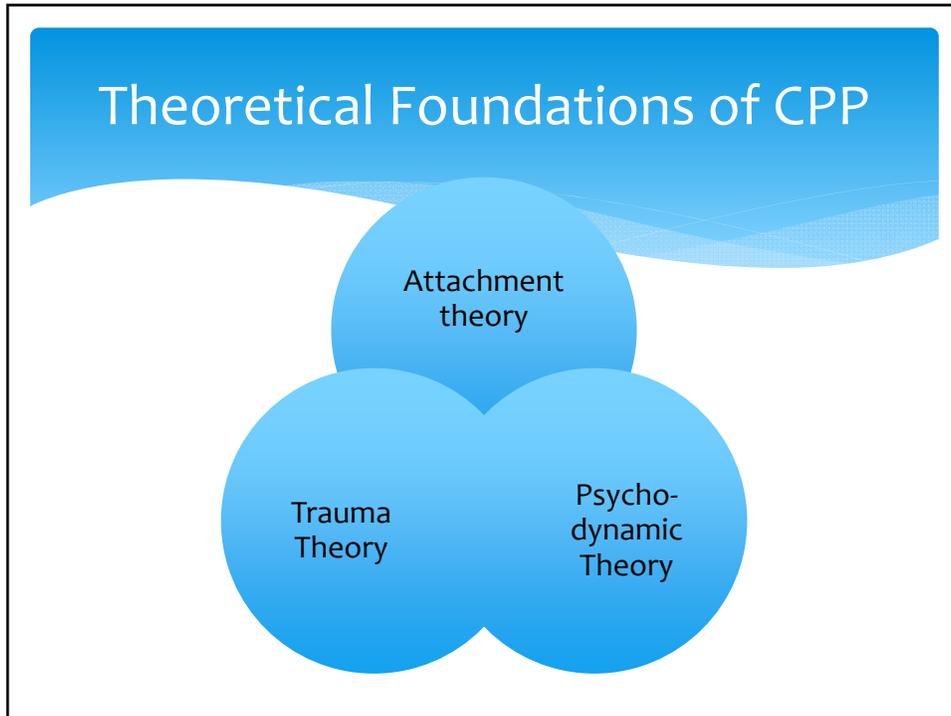
Parent Trauma

Kate Nicolarsen and Rachel Eftink-Cary,
Therapists

Barbara Jessing, Consultant
Heartland Family Service

Presentation Goals

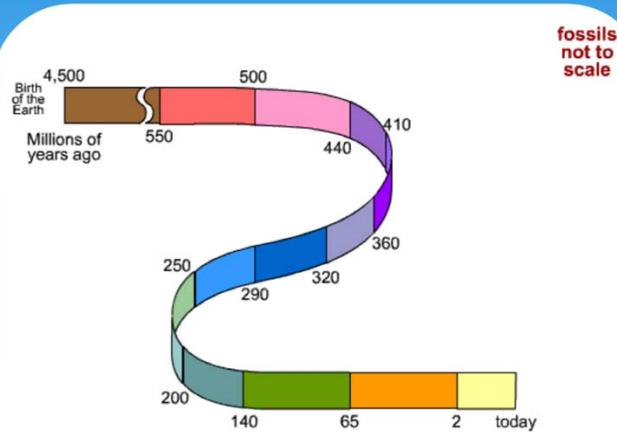
- * How to identify parent trauma issues and how they affect engagement and progress
- * What parent trauma issues need to be “in the room”, and when
- * When to refer parents for trauma focused treatment and collaboration with parent and therapist
- * How to manage counter transference and parallel process.
- * Can we maintain a stance of compassion toward parent as well as child?



Trauma Informed Care Principles

- * Safety
- * Trustworthiness
- * Choice and Control
- * Collaboration
- * Empowerment

TIMELINE “Life Story”



The slide features a blue header with a wavy pattern. Below it, two white boxes with blue borders contain text. The left box is labeled 'Angels' and the right box is labeled 'Ghosts'.

- Angels:**
 - the benevolent experiences that parents have to draw on from the past/in the present
- Ghosts:**
 - the haunting experiences, the trauma, breakdown or disruptions of attachment that the parents carry forward leaving gaps in what they can offer their child in the present

The slide has a blue header with the title 'Use of Time Line in CPP' and the subtitle 'to document in detail the child's early experiences'. Below the header, three blue boxes are arranged vertically, each with a title and a list of key factors.

- Pregnancy conditions:**
 - prenatal care,
 - mother's stress level,
 - mother's use of substances,
 - mother's exposure to violence
- Birth:**
 - Weeks of gestation; birth weight and status
 - Drug exposure/withdrawal
 - Any health or developmental conditions
- Chronology of first 12-24 months:**
 - Who was primary caregiver
 - Changes in caregiver or placement
 - Growth and development
 - Any continued exposure to stress or violence, experienced or witnessed

Use of Timeline with Parents in CPP

To establish a “future orientation”

- What is your “happy life goal”? (Mee Lee)
- What is your horizon point? (Melnick)

To record key events in the parent’s lifespan from infancy to present

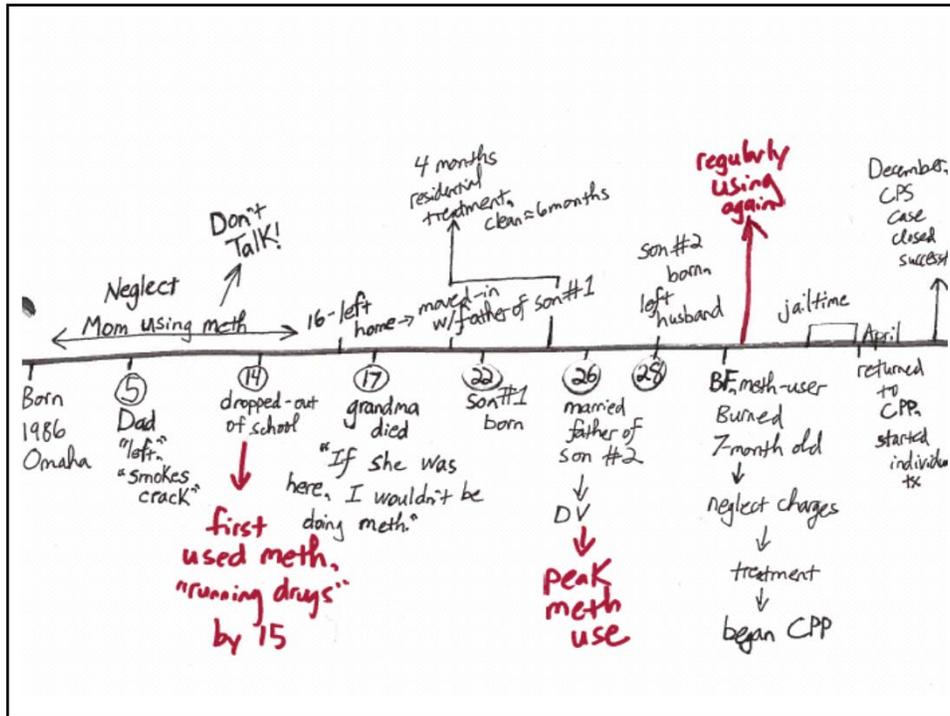
To identify periods of success

To identify strengths and stressors

To identify ghosts and angels

Case Study

- * 27 year old mother of two children ages one and five
- * Parents had methamphetamine addiction
- * Mother had 5 prior treatment episodes
- * Infant was severely injured while in care of mother’s boyfriend
- * Children placed in foster care
- * Both parents criminally charged



Mother and Child Time Line

- * 2010:
 - * Unplanned Pregnancy with partner who was abusive and alcoholic
 - * DV incident while pregnant
 - * Father was arrested and eventually deported
- * July 2011
 - * Abstinent during pregnancy but depressed
 - * Baby born full term and healthy
 - * Positive early bond

Continued

- * October 2011
 - * Began using meth again (baby 3 months old)
- * February 2011
 - * left 6 month old baby with boyfriend
 - * Came home to find severe injuries (broken bones, bruises, burns)
 - * Baby and 5 year old brother placed in foster care
 - * Mother admitted to substance use

Continued

- * February 2012
 - * Mother had substance abuse evaluation
 - * Referred to Intensive Outpatient (IOP) -- 4 previous treatment episodes
- * August 2012
 - * Completed IOP
 - * Started CPP with baby – 5 sessions

Continued

- * October 2012
 - * Mother incarcerated for 5 months
- * April 2013
 - * Resumed CPP
 - * Started individual therapy
- * September 2013
 - * Child returned to her custody

Counter Transference

- * Reactions of professionals to severity of child's injuries (foster parent, case manager, CASA)
 - * Negative and judgmental comments about the mother
 - * Case was in the news
 - * Comments made when she came into a room or meeting
- * When personal feelings remain unexamined
- * Therapist Approach – Reflective Practice

Parallel Process

- * Dynamics of the family become re-enacted by providers, usually without reflection or examination of affect
- * Often polarizes the case
- * Creates an impasse

Video: Initial Observation

Four Attachment Style

Secure
(responsive
and sensitive
caregiving)

Avoidant
(caregiving is
chronically
rebuffing)

Resistant
(caregiving is
inconsistent)

Disorganized
(caregiving is
at times
frightening or
frightened)

How Does the Child Adapt and What Does it Look Like in Adulthood ?

Hostile Helpless:

- Globally devaluing mental representations of parent
- Unexamined identification with that parent

Subtypes

- Hostile/Frightening
- Helpless/Frightened

Hostile-Frightening Adaptation

Identifies with malevolent caregiver

Tough, Invulnerable

Devaluing of others

Does not protect child from anger/chain of coercion

Dominating/Intrusive

Helpless/Frightened State of Mind

Identifies with helpless parent

Anxious, helpless, fearful

Hard time soothing

Struggle getting perspective or insight

More likely to use dissociative defenses

CPP Progress

- * Major issues addressed
 - * Her feelings of guilt about the child's injury
 - * Her confidence as a parent
 - * Mother's dysregulation in court or team meetings
 - * in the future, how she will tell the child about his injuries
- * Progress to successful completion

Video – Case Closing

CPP Closing: Major Areas of Change

- * Child has been returned to the home
- * Hard to Soft: Mother's observations of change "that's my ghetto self". Softer, more trusting over course of CPP
- * How was referral for individual therapy proposed and how did she respond?
- * Trust building with mother among providers in the same agency and location

Mother's Individual Therapy

- * Major issues
 - * Her early exposure to family violence (DV of father against stepmother)
 - * Early neglect
 - * Victim of domestic violence
 - * Trauma related to seeing the child's injury
- * Progress to date
 - * Completed IOP treatment
 - * Two years sobriety
 - * Attaining stability as precursor to more focused trauma work
 - * Interested in peer support

“Dance, don’t wrestle”

Some examples of good questions for MET:

- “What values are most important to you?”
- “What are the consequences of continuing this behavior?”
- “What are some other ways to achieve your desired goal?”
- “How can I support you with that goal?”

Motivational Enhancement Therapy

Primary Goal is to decrease ambivalence about change

What is important to the client?

Use pros and cons, validation and rapport

Avoid confronting and arguing with client

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Lessons Learned

- * Importance of parent feeling safe, accepted, not judged
- * This enabled therapists and client to be hopeful though others on the case were not
- * Therapist awareness of emotional issues compared to other providers whose reactions were unexamined
- * Same agency setting engendered trust
- * Close communication between CPP therapist and Adult Therapist
- * Sequential nature of her treatment: IOP --- CPP -- Individual therapy, only now approaching trauma issues