

## Using Child-Parent Psychotherapy to Treat Young Children Exposed to Trauma

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Based on work and presentation of  
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### Core Competencies

- Familiarity with relevant bodies of knowledge
- Ability to observe behavior
- Capacity to engage in collaboration with service systems
- Capacity to act as a conduit between parent's and child's experience
- Capacity for self-reflection

### Core Competencies

#### Relevant Bodies of Knowledge:

- Infant and early childhood development
- Adult development
- Developmental psychopathology and diagnostic frameworks for infants, children, adolescents and adults
- Understanding sociological and cultural influences on individual functioning

### Bodies of Knowledge

#### Understanding Child Development:

- Understanding social, emotional, and cognitive developmental tasks
- Understanding patterns of attachment
- Understanding what it is reasonable to expect young children to be able to do
- Understanding the developmentally salient anxieties of early childhood
- Understanding the meaning of children's behavior

### Bodies of Knowledge

#### Understanding Child Development:

- Developmental tasks
  - Attachment
  - Self regulation, including affect modulation
  - Cognitive development and capacity to use symbolism
- Developmentally salient anxieties
  - Fear of loss of parent
  - Fear of loss of parent's love
  - Fear of injury/damage to self
  - Coping with guilt and shame

### Bodies of Knowledge

#### Understanding Adult Development:

- Striving for autonomy
- Establishing one's own values, relationships, patterns of living
- Entering into parenthood as a normal developmental transition
  - CPP can take advantage of opportunities for growth presented by the transitional space
- Balancing demands of parenthood with demands of other relationships and individual desires

## Bodies of Knowledge

### Psychopathology and Diagnosis:

- Diagnostic criteria for relevant disorders
- Multi-axial diagnosis using DC:0-3
- Understanding of the impact of disorder on the parent's capacity to relate and protect
- Understanding the impact of disorder on the child's capacity to relate and respond

## Bodies of Knowledge

### Sociological and Cultural Influences:

- Acquiring fundamental knowledge about a culture, but accepting within culture differences
- Eliciting the family's view of its place in its culture
- Understanding issues related to immigration and acculturation
- Understanding historical traumas and their effects on cultural groups

## Core Competencies

### Observing Behavior:

- Track both caregiver's and child's behavior closely
- Observe their interactions and their impact on one another
- Observe who moves the interaction forward
- Observe who holds the responsibility for recovery from distress in the dyad

## Core Competencies

### Collaborating with Service Systems:

- Clinical case management that helps the parent develop her capacity to manage on her own
- Crisis intervention
- Role-appropriate alliance and advocacy for families involved in child welfare and legal systems
- Knowledge of relevant community resources

## Core Competencies

### Acting as a Conduit:

- Children's behavior has meaning
- Children's behavior may be motivated by developmentally salient anxieties
- Children's emotional expression may be a displacement of feelings from earlier losses or traumas

## Bodies of Knowledge

### Acting as a Conduit:

- Consider how each party to the dyad will respond to the intervention
- Will the translation disrupt the child's play?
- Will the child experience the translation as intrusive?
- Is the parent affectively ready to hear the translation?

## Acting as a Conduit

### Co-constructing a Trauma Narrative:

- Young children need adults to help them make sense of events and to construct a narrative
- The parent is the child's natural guide
- Child and parent have had different experiences of the trauma
  - Their developmental perspectives are different
  - Their emotional needs are different
  - Their prior experiences and expectations are different

## Acting as a Conduit

### Co-constructing a Trauma Narrative:

- Will hearing the parent's story be traumatizing for the child?
- Can the parent tolerate the child's narrative without anger?
- What feelings do the child and the parent have about the perpetrator of the trauma?
- What if the parent is the perpetrator?

## Acting as a Conduit

### Co-constructing a Trauma Narrative:

- What do children need from perpetrator parents
  - Apology
  - Atonement
  - A clear statement that what the parent did was wrong
  - Real change

## Acting as a Conduit

### Positive Reframing of Parents' Motives:

- Useful when parent and child are caught in a power struggle
- Therapist explains the parent's motive to the child in benign and positive terms
- The explanation to the child clarifies the motive for the parent as well

## Core Competencies

### Capacity for Self-Reflection:

- Reflect on the process of the treatment and on the process of individual sessions
- Reflect on the therapist's role in the inter-subjective field with the dyad
- Reflect on the emotional responses that they dyad arouses
- Agency contribution: providing space for reflective supervision

## Reflective Supervision

- Attends to therapist's emotional responses
- Attends to therapist's rescue and other fantasies
- Supervisory space functions as an "observing ego" for the therapeutic work

### Developmental Tasks of Early Childhood

- Attachment – social development
- Self-regulation – emotional development
- Problem solving – cognitive development

### Behind it All: The Experience-Dependent Brain

- Born with 100 billion neurons
- Neurogenesis and migration begin at about the third week of embryonic development and is complete by about 18 weeks
- Synapse formation begins in the spinal cord in the fifth week, in the cortex in the seventh week, and continues after birth: most in the first two years of life
- Brain at birth weighs about 1/3 of adult brain
- 83% of dendritic growth occurs after birth

### Behind it All: The Experience-Dependent Brain

- Synapses are overproduced
- Pruning of synapses takes place from early childhood through adolescence
- The least used synapses are pruned
- Experience determines which synapses will be the most used – therefore retained
- Pruning makes our mental processes more streamlined and coherent

### Stress

- Changes in the body and brain set in motion when there are overwhelming threats to physical or psychological well being

### The Physiology of Stress

- Shifts the body's priorities
- Puts on hold planning, learning, future-oriented responses
- Focuses on support of vigilance, focused attention, increased muscle tone and heart rate

### Impact of Trauma on the Brain

- Controlled studies show structural changes in the brains of children exposed to violence
  - Less brain mass
  - Less brain tissue connecting the hemispheres
- Controlled studies show changes in the stress hormone systems of children exposed to violence
- These physiological changes are associated with changes in cognitive functioning

DeBellis, et al., 1999 a/b  
Carion, et al., 2001

## Temperament

### Easy:

- Biological regularity
- Positive approach to most new situations
- Easy adaptability to change
- Mild or moderately intense mood that is predominantly positive

## Temperament

### Difficult:

- Biological irregularity
- Negative withdrawal from most new situations
- Slow adaptability to change
- Intense moods that are predominantly negative

## Temperament

### Slow to Warm:

- Negative response to new situations
- Slow adaptation
- May have good biological regularity
- Mild expressions of mood

## Temperament

- Doesn't become settled until about the third month of life
- Goodness of fit
  - Patterns that can change as the child develops

## 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

## Attachment Relationships

- Attachment behaviors are hardwired in all ground-dwelling mammals and developed during the era of evolutionary adaptedness
- Adults of a species have care giving behaviors that complement attachment behaviors
- Attachment bonds protect the young from fear and threat

Bowlby, 1969

## Patterns of Attachment

- Secure
- Insecure/Avoidant
- Insecure/Ambivalent
- Disorganized

## Patterns of Attachment: Disorganized

Children with disorganized attachment styles:

- Have increased hypothalamic-pituitary-adrenal reactivity.
- Show psychophysiological markers at increased reactivity.
- Show increased behavioral agitation
- Are at increased risk for problems over time

## Disorganized Attachment: Risk Factors

Maternal Risk Factors for disorganized infant attachment behavior:

- Maltreatment of the infant
- Maternal depression
- Adolescent parenthood
- Alcohol consumption

## Attachment

After behavioral proximity seeking:

- Internal working models
- Goal corrected partnerships
- Adult representations of relationships

## The Meaning of Children's Behavior

- Young children's behavior has a meaning
- Often the parent's developmental agenda conflicts with the child's
- This conflict is worsened when the parent doesn't understand the meaning behind the child's behavior

## Principles of Early Development

- Young children cry and cling in order to communicate an immediate need for parental proximity and care.
- Separation distress is an expression of the child's fear of losing the parent.
- Children want to please their parents, fear their disapproval, and respond well to praise.

### Principles of Early Development

- Young children are afraid of being hurt and of losing parts of their bodies.
- Young children feel responsible and blame themselves when the parent is upset or angry for whatever reason.
- Children imitate their parents because they want to be like them.

### Principles of Early Development

- Young children say no to establish autonomy, not to be disrespectful.
- Young children harbor the conviction that parents know everything and are always right.
- Young children need clear and consistent limits to their dangerous or culturally inappropriate behaviors in order to feel safe and protected.

### Principles of Early Development

- Memory starts at birth. Babies and young children remember experiences before they can speak about them.
- Young children need their parents' help in learning to express strong emotions without hurting themselves or others.
- Conflict between parent and child is inevitable, can be repaired, and serve a valuable developmental function when handled lovingly.

### Infant-Parent Psychotherapy

In every nursery there are ghosts...

- Ghosts may be banished as the baby makes her own claim on the parents
- Ghosts may appear transiently, according to their own historical or topical agenda
- Ghosts may possess the nursery, claiming ownership over the infant-parent relationship

Fraiberg, 1980

### Infant-Parent Psychotherapy

What predicts whether the parent's past will be repeated with the child?

- Repression and isolation of the affect associated with childhood suffering
- Remembering saves the parent from repeating the past
- Remembering allows the parent to identify with the child rather than the aggressor

Fraiberg, 1980

### Infant-Parent Psychotherapy

Treatment Modalities:

- Developmental guidance – education integrated with psychotherapeutic work
  - Guidance is selected based on therapist's assessment of what is needed to foster attachment
  - Therapist acts as a bridge or interpreter between the parent and the baby

Fraiberg, 1989

## Infant-Parent Psychotherapy

### Treatment Modalities:

- Psychotherapeutic intervention
  - Form working alliance with the parent
  - View the baby as a transference object
  - Therapist gives voice to the repressed or isolated affect that is being played out in the parent's relationship with the baby
  - Therapist frees the parent to identify with his/her own childhood experience and liberates the baby from that experience

Fraiberg, 1980

## Infant-Parent Psychotherapy

- Young babies: relatively undifferentiated emotionally and more likely to serve as 'blank screens' for parents' projections
- Older babies and toddlers: as more individual differences emerge they interact with and shape the parents' perceptions and distortions.

Lieberman, 1992

## Projective Identification

- Fixed beliefs about the child's existential core
- Perceived as objective
- May be the product of fantasies, including fears, conflicts, and wishes about the child
- Reflect the mother's internal working models of attachment

Lieberman, 1997

## Maternal Attributions: Shapers of Child Development

- Mother selectively attunes to the child's states
- Selective attunement injects the mother's fantasies and desires into child's sense of what she is or is not permitted to feel
- Child internalizes the maternal attribution

Lieberman, 1997, 1999

## The Intersection of Ghosts and Trauma

- Parent experiences traumatic event in childhood
- Parent develops traumatic expectations as a result of the event
- Parent's personality develops in line with defenses and expectations based on trauma
- Early trauma becomes a ghost in the nursery

## Developmental Model of Assessment of Trauma

- Child at the time of the stress
  - Developmental stage
  - Risk/resiliency factors
- Nature of the stressor
- Environment in which the stress occurs
- Child's development after the stress
  - Proximal reminders
  - Distal reminders
  - Secondary stresses

Pynoos, Steinberg, & Piacentini, 1999

## Resilience Factors

- Positive relationship with at least one parent
- Positive relationships with other adults
- At least one safe haven in the community

Rutter, 1993

## Parenting Behaviors that Buffer Impact

### Behavioral Goals:

- Scaffolding/praising
- Warmth
- Emotion-coaching

Katz & Gottman (1997)

## Impact of Trauma on Parent-Child Relationship

- Loss of felt sense of security
- Changes view of self/other
  - Victim
  - Persecutor
  - Non-helpful bystander
- Traumatic reminders
- Traumatic expectations

## Changes in Parent-Child Relationship after Trauma

- Impaired affect regulation
- Either partner may develop new negative attributions based on trauma experience
  - Changes to internal working models
  - Traumatic expectations
- Parent and child may serve as traumatic reminders for one another

Pynoos, 1997

## Balancing Trauma Treatment with Other Goals

- Through a trauma lens we see reminders, expectation and affects based on trauma experiences
- Other lenses may help us focus on different losses, strengths, and vulnerabilities
- Prioritize treatment goals based on the experiences and needs of child and caregiver

## Traumatic Reminders

- Internal and external cues
- For young children, affective states can be powerful reminders
- Persistent reminders can create broadening associational networks of new reminders: place child at increased risk for persistent hyperarousal
- Parents and children can serve as traumatic reminders for each other
- Home and other familiar places can serve as traumatic reminders

## Impact of Preschoolers' Exposure to Domestic Violence

### Attachment:

- Loss of sense of mother/father as reliable protectors
- Disturbed mental representations of who is safe and who is dangerous
- Loss of capacity to sustain representations of mother/father as secure base
- Intense emotions coexist and serve a defensive function in relation to one another.

Lieberman & Van Horn, 1998

## Child-Parent Psychotherapy Lieberman & Van Horn, 2002

- Relationship-based dyadic intervention
- Ecologically valid
- Manualized treatment
- Home or office-based
- Bilingual capability in Spanish
- Ideal for children exposed to trauma

## Conceptual Premises

- The attachment system is the main organizer of children's responses to danger and safety in the first five years of life
- Emotional and behavioral problems in infancy and early childhood need to be addressed in the context of primary attachment relationships
- Promoting growth in the caregiver-child relationship supports healthy development of the child long after the intervention ends

## Child-Parent Psychotherapy

### Theoretical Target:

- The system of jointly constructed meanings in the child-parent relationship.
- These meanings emerge from each partner's representations of themselves and each other.
- These representations are expressed through individual or interactive language, behavior, and play.

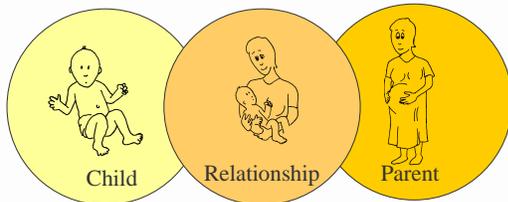
## Multi-Theoretical

- Developmentally Informed
- Psychoanalytic
- Trauma
- Social Learning
- Attachment
- Behavioral
- Cognitive-Behavioral
- Multi-cultural

## Focus of Treatment

- Play and caregiver-child interactions
- The relationship is the "client"
- Emotional experiences of both caregiver and child are valued

## Areas of Focus



## Overarching Goals

- Putting the traumatic experience in perspective
- Helping caregiver and child return to a normal developmental trajectory

## Pretreatment

## Posttreatment



## Child-Parent Psychotherapy

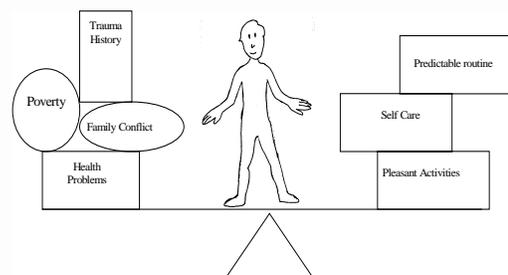
### Goals:

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

## Encouraging Continuity of Daily Living

- Promote pleasure, hope, and mastery by fostering the following:
  - Prosocial, adaptive behavior
  - Development of a routine
  - Age-appropriate activities
  - New, adaptive ways of functioning
  - Joint pleasurable activities

## Continuity of Daily Living



### Regulating Affect

- Foster emotion regulation strategies
- Support and label affective experiences
- Foster caregiver's ability to respond to child in helpful, soothing ways
- Help child rely upon adults in times of stress and develop their own coping strategies
- Provide developmental guidance regarding emotional reactions

### Building Trust in Bodily Sensations

- Foster caregiver's and child's abilities to exchange physical expressions of affection
- Accept appropriate expressions of physical affection from child

### Building Reciprocity in Relationships

- Target maladaptive patterns of interaction
- Highlight caregiver's and child's love and understanding of each other
- Foster caregiver's and child's abilities to understand the other's perspective
- Support expression of positive and negative feelings regarding others

### 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

### Differentiating Between Reliving and Remembering

- Make linkages between past experiences and current thoughts, feelings, and behaviors
- Highlight the difference between past and present circumstances

### Normalizing Traumatic Responses

- Validate the legitimacy and universality of the traumatic response
- Acknowledge the caregiver's and child's feelings about and responses to the trauma
- Help caregiver and child establish a frame of meaning regarding the trauma

### Placing the Traumatic Event in Perspective

- Help caregiver acknowledge the child's experience of trauma
- Encourage caregiver and child to verbalize feelings and behaviors related to the trauma
- Help child understand he/she is not to blame for trauma
- Help caregiver and child understand each other's reality
- Support caregiver and child in creating a joint narrative

### Assessment

#### Strength-based:

- What supports does the family have in place
- Understand the family's culture as a source of strength
- Assess functioning of child
- Assess functioning of caregiving system
- Assess ecology in which caregiving system exists

### Assessment

#### Child Functioning:

- Pre-trauma
  - Temperament
  - Quality of attachment relationships
  - Network of extended family relationships
  - Quality of peer relationships
  - Cognitive functioning
  - Emotional-behavioral functioning

### Assessment

#### Child Functioning:

- Post-trauma
  - What did the child see, hear, experience
  - What has the child been told about the event
  - What changes have caregivers observed
  - Current emotional/behavioral functioning
  - Trauma reminders
    - What has the caregiver noticed?
    - How does the child respond?

### Assessment

#### Caregiving System:

- Quality of couple relationship before the trauma
- Who is involved in caregiving and to what extent
- Pre-trauma psychopathology, substance abuse
- Were caregivers exposed to the trauma
- Caregiver response to the trauma
- Trauma reminders for caregivers

### Assessment

#### Ecology:

- Social supports for family
  - Extended family
  - Relationship network
  - Faith community
  - Employment
- Community
  - Community violence
- Cultural factors

### Treatment Planning

- Joint enterprise between parent and therapist
- Assessment informs goals
- Assessment and reassessment continue throughout treatment
- Goals are hierarchical, depending on family's assessed needs

### Treatment Planning

#### Safety first:

- Physical safety
  - Safe shelter
  - Food
  - Protective orders
- Psychological Safety
  - Maladaptive strategies: substance abuse
  - Affect regulation
  - Issues of limits and discipline

### Treatment Planning

#### Early trauma treatment goals:

- Coping strategies to help with symptoms
- Coping strategies to help with reminders

#### Later in treatment:

- Mind-body connection
- Construction of narrative
- Increased flexibility and trust in relationships

### Child-Parent Psychotherapy

#### Central Principles of Intervention:

- No matter which port of entry, modality, or domain you choose, never intervene without considering the impact of your intervention on both members of the dyad
- Remember that it is the parent who has the rightful place of the child's guide through life and through this trauma. Your job is to facilitate the parent's confident assumption of that role.

### Intervention Modalities

#### Use of play, physical contact, & language towards developmental goals:

- Symbolic play to aid in the creation of trauma narrative
- Games to help with emotion regulation
- Mazes and games to help regain a sense of the body in space
- Touch to help restore trust in physical contact

### Intervention Modalities

#### Unstructured developmental guidance:

- Appropriate expectations of young children
- Helping children name and cope with strong feelings
- The question of physical discipline
  - May be a case of repressed/isolated affect
  - May be learned problem solving behavior
  - May be a cultural issue

## Intervention Modalities

### Modeling protective behavior:

- Necessary to regulate both partner's ability to notice and react to threat
- When to defer to the parent
- Taking charge when safety is an issue
- Dealing with the consequences of taking charge
- Restore parent to role of protector

## Intervention Modalities

### Emotional support:

- Allows discussion of difficult material
- Allows parents and children to bring problem interactions into the session
- Helps the family cope with interventions from frightening systems
- Serves an essential function in helping parent regain a protective parental role

## Intervention Modalities

### Concrete assistance, case management, crisis intervention:

- Preschool/day care consultation
- Legal and child welfare systems
- Food
- Housing
- Medical care
- Maintaining the therapeutic stance while case managing

## Intervention Modalities

### Interpretation: Linking past and present

- The distant past: ghosts in the nursery
- The more recent past: parent and child's experience of trauma

## Ports of Entry

- Place to enter to effect change
- Begin from simplicity
- Not theoretically chosen: based on what the clinician believes will be change-producing in the moment
- Well timed developmental guidance may be the most effective intervention
- Early focus on safety is critical
- If simple interventions fail, choose interventions that address resistance, mistrust, or psychological obstacles

## Selecting Ports of Entry

- Consider quality of relationship with family
- Consider phase of treatment
- Consider presence, appropriateness, and modulation of parent's or child's affect.
- Consider timing within the session

### Possible Ports of Entry

- Child's or parent's behavior
- Parent-child interaction
- Child's representation of self or of parent
- Parent's representation of self or of child
- Mother-father-child interaction
- Inter-parental conflicts
- Child-therapist relationship
- Parent-therapist relationship
- Child-parent-therapist relationship

### Possible Ports of Entry

#### Child's Behavior or Parent's Behavior:

- Child behavior that tests limits – intervene to focus on safety
- Parental behavior that seems to leave child at risk
- Parental behavior that seems to leave the parent at risk

### Possible Ports of Entry

#### Parent-Child Interaction:

- May be an interaction that takes place during symbolic play
- May be an interaction that re-enacts trauma
- Interaction may reveal either party's traumatic expectations
- Interaction may demonstrate how parent or child serves as a traumatic reminder

### Possible Ports of Entry

#### Representations of self/other:

- Attributions may be positive or negative
- Positive attributions may strengthen the relationship and provide resilience
- Negative attributions may threaten safety in the short term and the developmental trajectory in the long term
- Attributions may or may not be trauma based

### Possible Ports of Entry

- Conflicts and interactions between parents
  - Absent parent may become critical to the treatment
- Conflicts and interactions among child and parents
- Conflicts and interactions between siblings

### Possible Ports of Entry

#### Interactions Involving the Therapist:

- Trauma-based attributions to therapist
  - Therapist is more powerful than caregiver
  - Therapist is dangerous
- Attributions based on cultural differences
  - Therapist fails to understand the demands of the family's culture
  - Special demands of home visiting

## Domains of Intervention

### Play:

- Help the parent understand how the play explicates the child's experience
- If the parent is able to assume a role in the child's play, the clinician facilitates their playing together rather than remaining central
- Support the parent's emotional response to the content and manner of the child's play
- Involve the parent in understanding and helping to construct the child's narrative

## Domains of Intervention

### Regulating Biological Rhythms:

- Engage the parent in a discussion of the best ways to calm the child if the child doesn't respond to parent's initial efforts
- Help parent conceive and implement a routine for the child using developmental guidance and examination of obstacles
- Help modulate a dysregulated child with the parent's permission and with discussion of the meaning of the dysregulation and the parent's feelings about the intervention

## Domains of Intervention

### Children's Fearful Behavior:

- Support the parent's appropriate and helpful response to the child's fear
- Help a dismissive parent understand the reasons for the child's fear
- Help the parent who is struggling think of new ways to alleviate the child's fear

## Domains of Intervention

### Children's Fearful Behavior:

- If the parent seems not to notice, help the parent see and reassure the child about the parent's willingness to be protective
- If the fear is expressed in disguised form, help the parent understand
- If the child is afraid of something that is objectively frightening, validate feelings and help the parent reassure the child that s/he is working to make things safer

## Domains of Intervention

### Reckless, Self-Endangering Behavior:

- Help the parent notice the risk, and discuss importance of recognizing danger and offering safety and protection
- Guide the parent if the parent is at a loss about how to be protective
- In an urgent situation, if the parent fails to take protective action, model the action for the parent

## Domains of Intervention

### Child Aggression Toward a Parent:

- Encourage mother and child to think of behaviors that will allow the expression of anger in a non-hurtful way
- Support mother's efforts to redirect child's aggression, focusing on the fact that she is doing her job in teaching the child
- Ask questions that elicit the meaning of the behavior for both the mother and the child

Domains of Intervention

Child Aggression Toward a Parent:

- If the child is verbally aggressive, acknowledge the child's anger but state that this is not a way to speak to mother
- Create an atmosphere where the meaning of behavior can be discussed and alternative behaviors imagined and practiced
- Be direct in saying that it is hard to see the child mistreating the mother

Domains of Intervention

Child Aggression Toward a Parent:

- If mother passively accepts the child's aggression, stop and redirect. Ask permission first if feasible
- If mother misperceives child aggression as loving or playful, express your point of view. Don't argue if mother doesn't agree, but ask to keep the topic open for further discussion

Domains of Intervention

Child Aggression Toward a Parent:

- If the child's aggression is a response to the mother's harshness, speak of the anger between them and of non-hurtful ways to express anger
- If the mother is so angry that she can't hear the child's remorse, call attention to this, while legitimizing the mother's feelings
- If the child's aggression demonstrates a misunderstanding of motives, help the child clarify what happened

Domains of Intervention

Child Aggression Toward Peers, Siblings:

- If the child's aggression toward another is reported, initiate a calm discussion that includes understanding the event, understanding the meaning of the behavior, and suggesting alternative ways to express anger
- If child's aggression toward peers is related to parent's aggression toward child, help the parent see the parallels, and help both find ways to change

Domains of Intervention

Child Aggression Toward Peers, Siblings:

- If the child engages in aggressive behavior in the session, support the mother in helping the child stop, or take whatever action is necessary to stop him, reassuring him that adults won't let him hurt himself or anyone else
- When the child is becoming aggressive, set up a situation that de-escalates the aggression

Domains of Intervention

Parental Use of Physical Punishment:

- If the parent uses socially sanctioned physical punishment, use this as an opportunity to discuss values, offer developmental guidance (after the heat of the moment has passed)
- Facilitate discussion of parent's motivations, child's feelings and how each of them sees the situation
- Help the parent find alternative ways to teach the child about consequences of unwanted behavior

Domains of Intervention

Parental Use of Physical Punishment:

- Help parents see that children who witnessed physical violence, especially involving people they love, may be too overwhelmed by physical punishment to learn from it
- Have discussions about physical punishment in private if the parent feels that discussing this in front of the child is disrespectful or undermining

Domains of Intervention

Parental Use of Physical Punishment:

- If clinician's views are too divergent from parent's seek agreement to keep talking about the subject
- Take the time you need for self-reflection and internal balance before you intervene
- If the parent is unresponsive after many attempts to intervene, tell the parent politely but clearly, that hitting interferes with the child's respect for the parent and the child's healthy development

Domains of Intervention

Parental Use of Verbal Aggression:

- Empathize with the anger and frustration that prompts the aggression if possible, and facilitate a discussion of the child's behavior, aiming for a reframing of its meaning for the parent
- Help the parent see how the child feels when s/he is criticized or called harsh names

Domains of Intervention

Parental Use of Verbal Aggression:

- Include the child in the conversation and facilitate discussion between parent and child
- Help find alternative ways to express feelings
- If necessary tell the parent clearly how harmful critical remarks are to child's development

Domains of Intervention

Relationship with the Absent Parent:

- Help the child talk about his memories of frightening things that happened, and encourage dialogue about these things between parent and child
- Encourage the mother to correct the child's faulty or "magical" perceptions of the absent parent

Domains of Intervention

Relationship with the Absent Parent:

- Clarify the different feelings that the parent and child having about the absent parent, giving child permission to love both

Domains of Intervention

Relationship with the Absent Parent:

- Make connections between what the child observed and learned from an absent, aggressive parent, and the child's current aggressive behavior
- Empathize with child's negative feelings about absent parent and, if it is realistic, leave open the possibility of change for the better

Domains of Intervention

Relationship with the Absent Parent:

- Help the child understand that the absent parent's behavior was wrong, and that you are all working to help the child not make those same mistakes
- If the child feels guilty about the absent parent's departure, help the other parent reassure him that it is not his fault

Domains of Intervention

Relationship with the Absent Parent:

- Empathize with, and help the parent empathize with, child's feelings of sadness
- Help the child and the parent deal with ambivalent feelings about the absent parent

Domains of Intervention

Ghosts and Angels in the Nursery:

- Ask the parent questions about his or her own experiences of being cared for so that you can understand both experiences that the parent found frightening and experiences that made the parent feel loved and understood
- In both cases, make links for the parent between his/her own past and what is happening now

Domains of Intervention

Saying Good-bye:

- Ends of sessions, breaks in treatment, and termination all need to be treated with special care with traumatized children
  - Preparation for transitions that the child can understand
  - Use rituals to ease transitions
  - Peek-a-boo and hide and seek
  - Link sad or angry behavior to feelings about saying goodbye
  - Help child and parent understand that they will stay alive in your heart and mind