

Program Overview: Combined Parent-Child Cognitive-Behavioral Group Therapy for Families at Risk for Child Physical Abuse

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Cognitive Behavioral Therapy	<i>Definitions/ Notes</i>
Program Name	Combined Parent-Child Cognitive-Behavioral Group Therapy for Families at Risk for Child Physical Abuse	
History of Program	Developed by the Child Abuse Research Education & Service, CPC-CBT is a multisystemic treatment in which both parent and child services are delivered in group format. CPC-CBT builds on strategies from several evidence-based practices in child mental health, including Parent-Child Interaction Therapy and Abuse-Focused Cognitive Behavioral Therapy. CPC-CBT is based on the premise that both parents and children may receive additional benefits when children are included in treatment for abusive parents.	
Description of Program as it Relates to addressing CEV	CPC-CBT is designed to be implemented with families in which a caregiver has engaged in an act of physical abuse or excessive physical punishment. The goals of CPC-CBT are to improve parent mental health, to help parents develop positive parenting strategies thereby increasing positive parent-child interactions, and to address abuse-related emotional distress in maltreated children through gradual exposure therapy. Therapeutic strategies used with parents include motivational interviewing, psychoeducation, and development of adaptive coping skills, non-coercive parenting strategies, and problem-solving skills. Therapeutic strategies used with children include	

Highlighted text indicates program components are currently under review. Changes may be pending.

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	<p>development of positive coping and anger management skills and a gradual exposure through use of a trauma narrative. Parents and children collaborate in an abuse clarification process, and jointly develop a family safety plan.</p> <p>CPC-CBT has been shown to effectively reduce children's internalizing and externalizing behaviors, and symptoms of PTSD, and caregiver's use of corporal punishment, and to increase positive parenting strategies.</p>	
Service Continuum	Tertiary/Targeted Intervention	
Primary Exposure Type	Maltreatment (non-specific) Physical Abuse	
Target Population	Family Systems Individual Children/ Youth Parent/Caregivers(s)	
Target Age	0 - 2 Early Childhood (3-5) Middle Childhood (6 - 12)	CPC-CBT has been evaluated with children from 4 to 14 years of age.
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	<p>Has this program been used or evaluated with minority, cultural, or linguistically diverse groups?</p> <p>Yes</p> <p>If yes, please indicate: Latino/Hispanic African American Caucasian</p>	
Primary Settings	Hospital/Pediatric Mental Health Community Agency Flexible	

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Persons or Entities in charge of delivering Program	Mental Health Providers (e.g., Social Workers, Therapists)	
Primary Components	Child Group Therapy Parent Training/Therapy Conjoint parent-child treatment	

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Resource & Capacity Planning

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Length/Duration of Program	16 two-hour group sessions taking place over a 16-20 week period.	
Required Materials	Manuals/Program materials	
Training Requirements	Face-to-face training Supervision Consultation Other	Therapists receive two full days of in-person training on the model which includes role-plays and performance feedback. Because the program is highly structured, ongoing consultation for at least one full cycle of therapy is recommended for clinicians.
Provider Certification/Training/ Requirements	Special Service Area Required (e.g., Social Worker, Doctor) Professional Licensure Required	
System or Agency Recommendations for Serving CEV Populations	With-in Agency Support & Infrastructure Agencies should assess their capacity to support the implementation of this program, including staffing while providers attend training and support for on-going consultation.	
Costs of Implementation	Not Yet Available	

Evidence for CEV

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Evidence for Preventing or Addressing Violence Exposure	Program demonstrates promising evidence that it may reduce the <i>risk of exposure</i> to violence and/or <i>ameliorate the effects of exposure</i> (e.g., related behavioral distress, PTSD, perpetration/assault, nightmares) among children or caregivers.	
Evaluation Design of Studies with CEV	Randomized, control experimental design Pre- and post-test (no comparison group)	blat
Violence Exposure-Related Outcomes	<p>Child (Briefly Describe) In a pilot study, children's self-reported symptoms of post-traumatic stress were significantly reduced. Parents reported significant reductions in children's internalizing and externalizing behaviors. Similar findings emerged from a randomized controlled trial comparing CPC-CBT and parent-only CBT. Children in the CPC-CBT group demonstrated a much greater improvement in PTSD symptomatology than children in the comparison group. Parents also reported improvements in children's internalizing behaviors, although findings with externalizing difficulties were inconsistent.</p> <p>Parent (Briefly Describe) Parents show improvements in self-reported depression and reductions in anger intensity. These findings, though reaching clinical significance (e.g., from "clinical levels" to "at-risk" or "normal" levels), did not reach statistical significance. Both parents and children reported a significant decline in parent's use of corporal punishment. Moderate-to-large effects were found in increasing positive</p>	

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	<p>parenting, though this did not reach statistical significance. Similar findings emerged in a randomized controlled trial comparing CPC-CBT and parent-only CBT. Parents in both treatments showed significant improvements in use of corporal punishment. However, reports of positive parenting were much greater for participants who received CPC-CBT than parents in the control group.</p>	
<p>Additional Research Information</p> <p>(This will be a link to another page, a drill down box or separate section)</p>	<p>Study 1:</p> <p>Design, Setting, Participants: Twelve caregivers and their 21 children between the ages of 4 and 14 participated in CPC-CBT. All children were referred to the program by the state child protective services agency due to a suspected or confirmed incident of physical abuse or excessive physical punishment. Nineteen of the children had experienced more than one event (mean = 2.43 events). The sample included persons identifying themselves as African American, Caucasian, Hispanic, and biracial. Treatment was administered in 16 once-weekly two-hour group therapy sessions. Parent and child groups met both separately and together during each session.</p> <p>Outcome Measures: Parent's report of social competence and behavior in children was measured with the Achenbach Child Behavior Checklist. Children's self-report of PTSD and depression was measured with the K-SADS Posttraumatic Stress Disorder Interview and the Children's Depression Inventory, respectively. Both parents and children reported on violent dyadic behavior with the Parent-Child Conflict Tactics Scale. Parent's and children's report of positive parenting, parental inconsistency, and use of corporal punishment was measured with the Alabama Parenting Questionnaire.</p>	<p>Study 1 Runyon, M. K., Deblinger, E., & Schroeder, C. M. (2009). Pilot evaluation of outcome of combined parent-child cognitive behavioral group therapy for families at risk for child physical abuse. <i>Cognitive and Behavioral Practice, 16</i>, 101-118.</p>

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	<p>Study 2:</p> <p>Design, Setting, Participants: Participants were 60 children between the ages of 7 and 13 and their 44 caregivers. In order to be eligible for the study all parents must have had a substantiated allegation of child physical abuse or had endorsed assault on the CTS-PC within the previous four months. All children demonstrated elevated PTSD symptomatology or externalizing behaviors. Siblings were included provided they met the symptom criteria. Families were randomly assigned to receive either CPC-CBT (N = 34 children, 24 caregivers) or a cognitive behavioral therapy for parents alone (N = 26 children, 20 caregivers). Both groups received 16 two-hour therapy sessions over a 20 week period.</p> <p>Outcome Measures: Parent's reports of children's internalizing and externalizing behaviors were measured with the Achenbach Child Behavior Checklist. Children's self-report of PTSD symptomatology was measured with the K-SADS Posttraumatic Stress Disorder Interview. Both parents and children reported on positive parenting and parent's use of corporal punishment with the Alabama Parenting Questionnaire.</p>	<p>Study 2 Runyon, M.K., Deblinger, D., & Steer, R. (in press). Comparison of combined parent-child and parent-only cognitive-behavioral treatments for offending parents and children in cases of child physical abuse. <i>Child & Family Behavior Therapy</i>.</p>
Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?	<p>No</p>	<p>CPC-CBT is currently being reviewed for inclusion in NREPP.</p>
Evaluation Designs of other evaluations	<p>Randomized, control experimental design Pre- and post-test (no comparison group)</p>	
Sources	<p>Empirical Studies (peer-reviewed journal)</p>	

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Selected References

Runyon, M. K., Deblinger, E., & Schroeder, C. M. (2009). Pilot evaluation of outcome of combined parent-child cognitive behavioral group therapy for families at risk for child physical abuse. *Cognitive and Behavioral Practice, 16*, 101-118.

Runyon, M.K., Deblinger, D., & Steer, R. (in press). Comparison of combined parent-child and parent-only cognitive-behavioral treatments for offending parents and children in cases of child physical abuse. *Child & Family Behavior Therapy*.

Runyon, M. K., Ryan, E., Kolar, R., & Deblinger, E. (2004). An overview of child physical abuse: Developing an integrated parent-child cognitive-behavioral treatment approach. *Trauma, Violence, & Abuse: A Review Journal, 5*, 65-85.