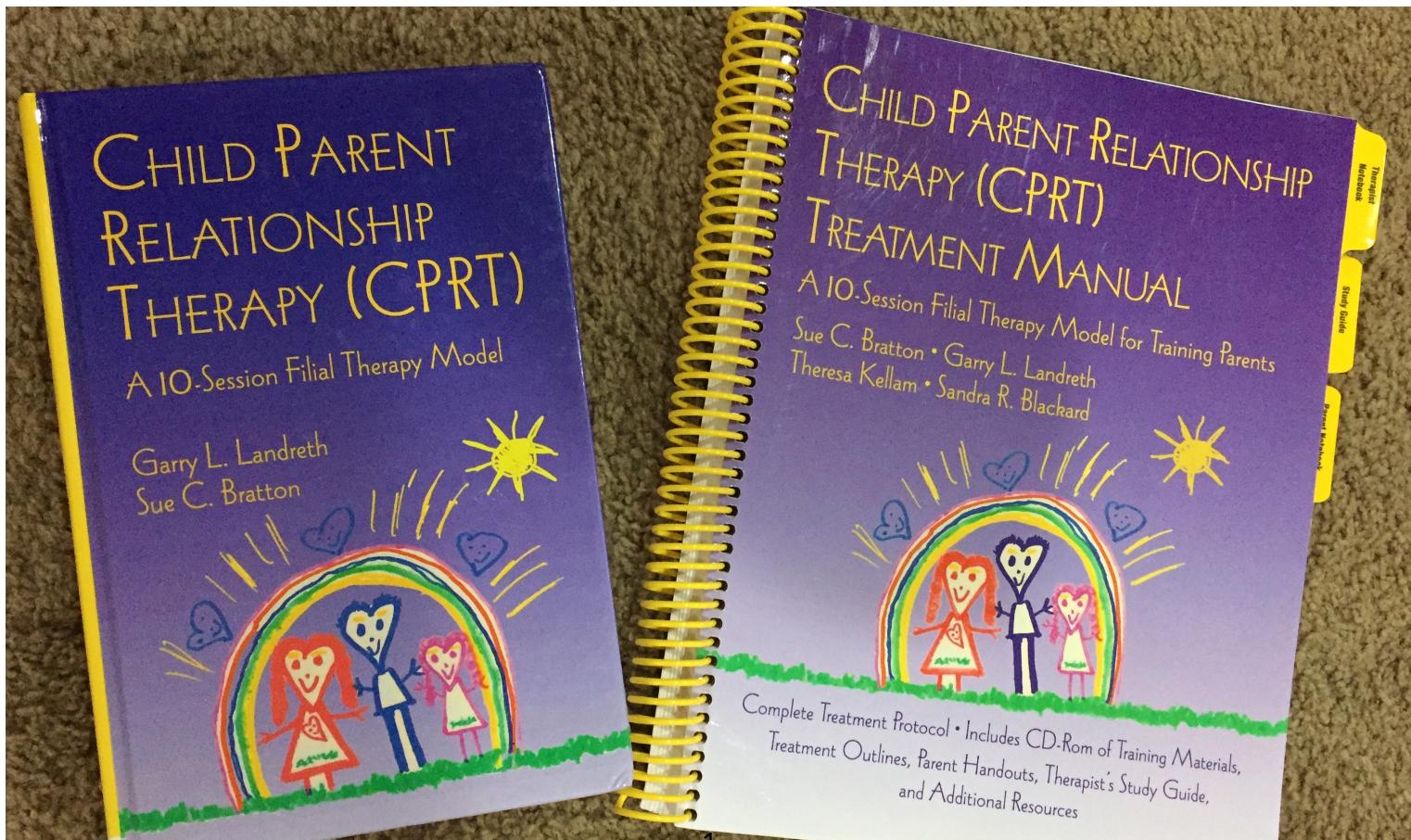


# The Stressful Divide: An Examination of Child-Parent Relationship Therapy for Families Exposed to Trauma and Cultural Oppression

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WAMFT Conference 2017



# Agenda

Review of current environmental stressors

Political polarization & elevated stress

Cultural oppression in society

Impact on the family system

Brief review of CPRT components

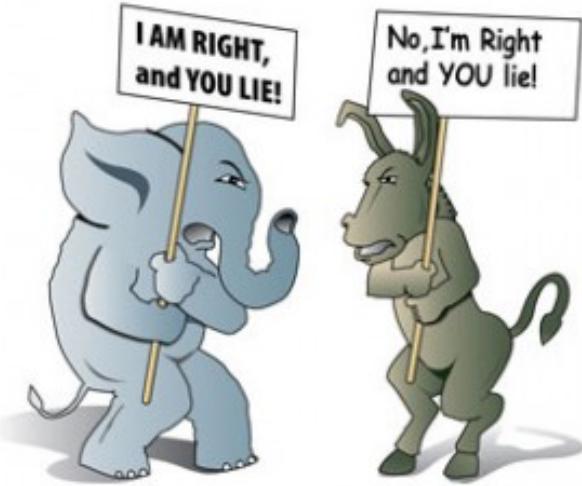
History, theory, rationale

Neurobiology

10 session model overview

Applying CPRT in a culturally responsive manner

# Our World Today



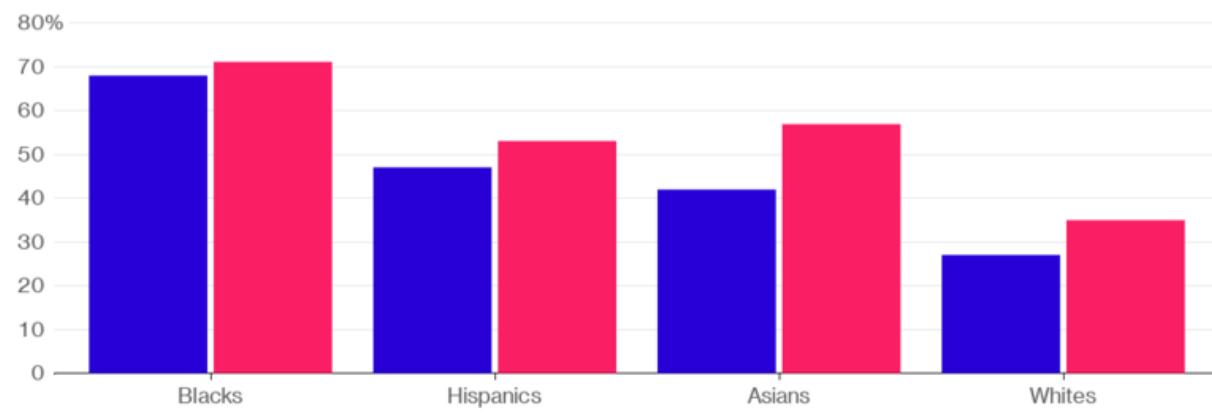
Political polarization is fueling questions of morality, specifically social justice and human rights

Children are  
Excellent  
Observers  
&

Poor Interpreters

**Concerns About Police Violence Towards Minorities Are Up**  
Unsurprisingly, they have risen the most amongst the minorities themselves

■ August ■ January



American Psychological Association

Bloomberg

# Our World Today

APA (2017) found that one primary source of stress is *fear of personal safety*.

*Anxiety over police brutality is highest for Blacks (71%), Asians (57%), & Hispanics (53%).*

Minorities, especially those in urban areas, experience increased stress as a result of the election:

69% Blacks

57% Asians

56% Hispanics

42% Whites

Other primary stressors:

Money, work stability, economy

< \$50,000 income report higher levels of distress

What about those in poverty?

# Our World Today

1 billion+ children = severe deprivation

Deprivation = inadequate height/weight for age, lack of sanitary water, lack of sanitary facilities, no immunization against disease, overcrowding, lack of education

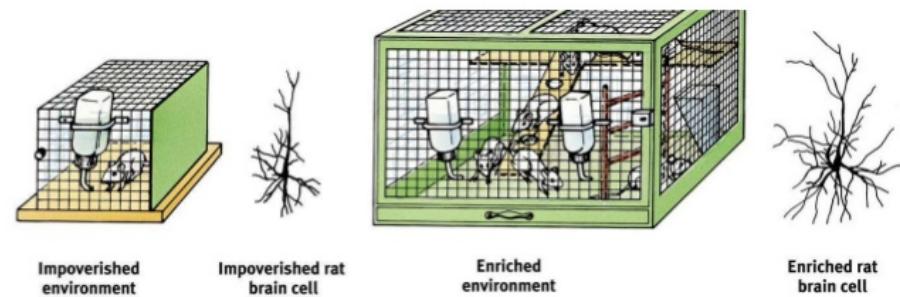
US: 28.6 million children (39%) live in low-income families

12.7 million children (17%) live in poor families



## Experience and Brain Development

Rats living in an “enriched” environment (more social interaction and physical play) experienced a greater growth in brain size and complexity than those rats living in an “impoverished” environment.



**Traumatized brains do not have the capacity to learn fully**

# What about culture?

Cultural oppression can also lead to higher incidents of stress and trauma-related reactions

Includes elements of prejudice, discrimination toward specific ethnic groups (historically Blacks)

Socially supported, systematic mistreatment based on hierarchical power dynamics

**Related to overt racism, micro-aggressions**

Must also consider level of acculturation = “the array of psychological changes that occurs when members of a minority group adapt into a mainstream group (Sun et al., 2016)”

**Media is highlighting these differences right now, and Children HEAR IT ALL.**

# What about culture?

There is also an increasing number of immigrants, refugees, and American-born ethnic minorities we serve

Culture shapes our interactions, responses to environments, and self-esteem

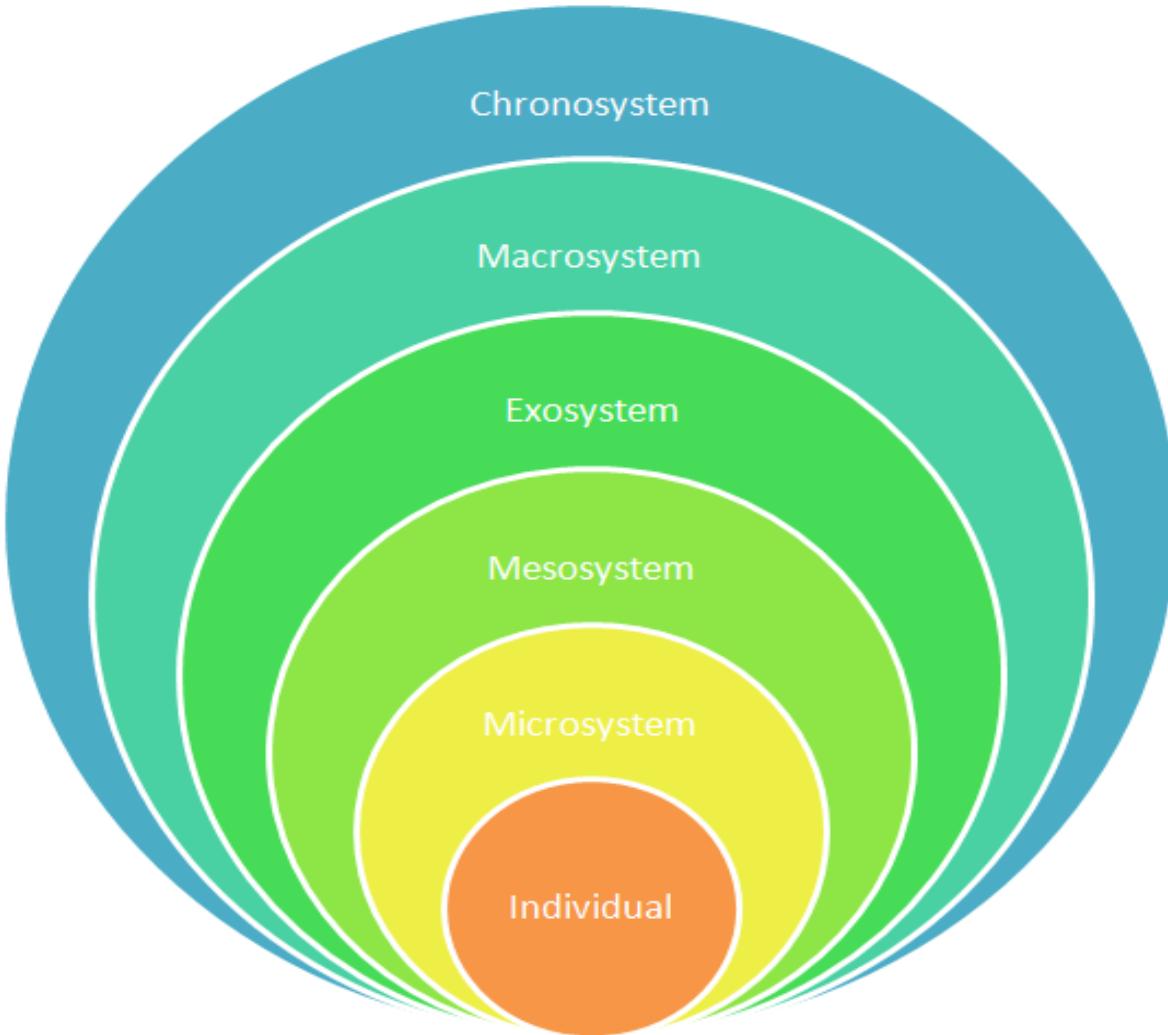
Belonging to a particular ethnic group has remained an important part of how individuals view and describe themselves

Retains connection to an existing community as well as to a larger historical context

Understanding of ethnic identity, acculturation, and cultural orientation help reveal how multicultural individuals view specific interventions, particularly play & treatment for children.

(Nagayama Hall & Okazaki, 2002)

# Let's think about the SYSTEMS



Bronfenbrenner's (1994)  
Bioecological Model

# Let's think about the SYSTEMS

We are working with the microsystem, which is navigating within the larger CULTURAL microsystem

Cultural oppression and other stressors → trauma reactions (acute stress, PTSD, RAD)

Can lead to family dysfunction, lack of open communication, internalizing behaviors

Stigma of Mental Health Services = delayed response

Understanding the perceived “worth” of counseling as to how it benefits them in relationship to all other needs.

Understanding the traditional family interaction patterns is key for development of relationships.

***So how can Child Parent Relationship Therapy (CPRT) help?***

# So what is Filial/Child-Parent Relationship Therapy (CPRT)?

Filial therapy is a unique parent training approach used by professionals trained in play therapy. Parents are trained to be therapeutic change agents with their own children through a format of didactic instruction, demonstration play therapy sessions, role-play, required at-home laboratory play sessions, and supervision.



# Filial/Child-Parent Relationship Therapy (CPRT) teaches...

Parents are taught basic child-centered play therapy skills including:

- responsive listening (focused attention),
- recognizing children's emotional needs,
- therapeutic limit setting,
- building children's self-esteem,
- structuring required weekly play sessions with their children using a special kit of selected toys.

Parents learn how to create a non-judgmental, understanding, and accepting environment which enhances the parent-child relationship, thus facilitating personal growth and change for child and parent

# **Systemic Work of Filial/Child-Parent Relationship Therapy (CPRT)**

## **Combination of play therapy and family therapy**

When caregivers are involved in child's therapy, the child's outcome is greatly enhanced (Cornett, 2012)

Improves parent-child interactions, decreases parent stress, decreases child stress, and improves parent empathy for child (Cornett, 2012)

Theory: Parent is taught how to become the catalyst for change in the child's life instead of initiating a long-term relationship between the child and a therapist (Ryan, 2007)

# **Objectives of CPRT**

**Relationship enhancement**

**Empowering parents**

**Increase self-confidence in both parent and child**

**Enhance the parent-child bond**

**Increase child's sense of self-direction**

**Build a child's self-esteem**

**Help children develop self-control and self-responsibility**

**Development of general parenting skills**

# **Child-Parent Relationship Therapy (CPRT)**

## **10-Session Methodology**

Child-Parent-Relationship (C-P-R) Training

Manualized Protocol, but allows flexibility in application

Group Format (relevant for use with individuals and couples)

Typically 6-8 parents in group

Critical balance of didactic and dynamic support of parents

Role-play, Demonstration, Modeling, and Video/Live Supervision

Typically meet weekly for 2 hours

Parents choose “child of focus” for the 10 sessions and conducts weekly 30-minute home play sessions

# Child-Parent Relationship Therapy (CPRT)

Relationship-based intervention –  
promote secure attachment

Focus on fostering caregiver's  
***empathic understanding*** and  
***responsiveness to child's needs***

There is NEED for repetitive,  
reparative experiences to change  
the **Brain**— SPECIAL PLAY TIME.



The Spiral of play  
enables the window of  
tolerance to exist while  
the healing of brain  
integration occurs via  
the play in relationship.

# Siegel's Hand Brain Model

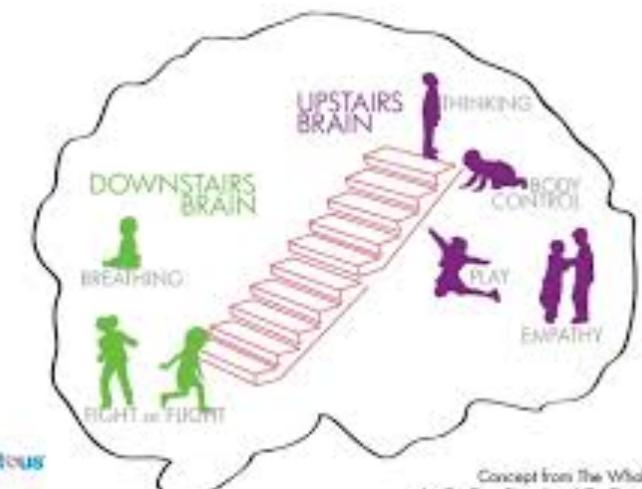
Teaching the neurobiology behind behavior allows the parents to see the challenges via problem solving and align with a medical model.

**Left side** of the brain is the logical/  
rationale part

**Right side** of the brain is the emotional  
part

The **Upstairs brain** is sophisticated  
and analytical

The **Downstairs brain** is primitive and  
reactive



# CPRT Builds Secure Attachment

## Childhood Attachment

### Secure

Distress when mother leaves

Greets mother when she returns

### Avoidant

Does not seek mother when she returns

Focuses on environment

### Ambivalent/ Resistant

Very upset at departure

Explores very little

### Disorganized

Lack of relationship with anyone

## Adult Attachment

### Secure

Comfortable in relationships

Able to seek support from partner

### Dismissing

Greater sense of autonomy

Tend to cut themselves off emotionally from partner

### Preoccupied

Fears rejection from partner

Strong desire to maintain closeness

### Challenged

fearful of all relationships- has none

(Bratton, 2015)

# Facilitation of Secure Attachment

## The Four “S’s”

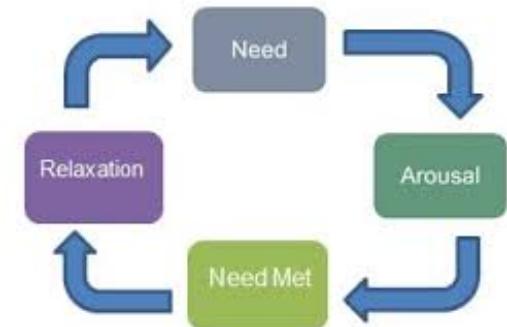
1. **Seen** - not just seeing with the eyes. It means perceiving children deeply and empathically - sensing the mind behind their behavior
2. **Safe** - we avoid actions and responses that frighten or hurt children...
3. **Soothed** - we help them deal with difficult emotions and situations.
4. **Secure** - we help them develop an internalized sense of well-being.

*A consistent relationship is  
key to attachment security*

# Facilitation of Secure Attachment

Our brains are hard-wired for attachment/relationships to achieve personal well-being

## Attachment System:



Seeking physical closeness and interaction.

Responsible for our deepest implicit expectations about others and world.

Responds to sending of emotional and physical threat.

Facilitates development of brain's self-regulatory mechanisms.



# Resonance Circuitry

**Mirror Neurons in Brain** - allows responsive caregiver to facilitate the child's emotional self-regulation and attunement.

**Mirroring Neurobiology** - “one of the best ways to help someone else be calm and centered is to calm and center ourselves.”

**Necessary** when striving to calm a child or correct a behavior.

# CPRT is now an Evidenced Based Practice

Demonstrated to be effective  
in...

Decreasing parental stress

Decreasing parental report  
of acting out behaviors

Increasing parental  
empathy

Increasing parental  
acceptance

Increasing child's self-  
esteem

## 25 WAYS TO ENCOURAGE

Thank you for helping with...

It makes mornings/dinner/outings easier when you.... thank you.

I really appreciate it when you...

Thank you for doing that... it means I/we can now...

We did it together!

Wow! You made a building/drawing/etc.

You did it on your own!

You did x and then y and worked it out.

You used lots of red paint/blocks/tape/etc.

You made it really big/small/colorful/complicated/etc.

That took you a long time, and you did it!

How did you do that?

You did x, what will you do now?

Can you tell me about it?

What is your favorite part?

How did you think of that?

I really enjoy doing this with you.

I love watching you create/help your sister/play soccer/ etc.

I'm so proud to be your mum, every day, no matter what.

Look how happy your friend is when you share/help/smile/etc.

You kept going, even when it was hard.

You look so pleased to have done that!

You made x feel so pleased when you did that.

It makes you feel good when you do x.

Say nothing - just smile.

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# Rationale for CPRT/Filial Therapy

Parents can be taught to assume the therapeutic role they can conceivably be more effective than a professional one

The parent naturally has more emotional significance in the life of the child



# Rationale for CPRT/Filial Therapy

There may be **reduced guilt and helpless feelings** that can arise when the parent feels obligated to abandon the problem to an expert for resolution

Parents can develop **appropriate responses** to new child behavior patterns

Parent-child play times share ***brain benefits*** of play therapy

Gives expression to non-verbalized emotional issues, has a unique sensory and kinesthetic quality, creates therapeutic distance for children, provides a place for the child to experience control

***It enhances and strengthens the parent-child relationship***

# CPRT Therapists Must...

Understand child development and parenting dynamics

Know child-centered play therapy

Be a good group facilitator

Be an effective teacher

Have self on videotape and be willing to model

Have a belief in parents

*State and know* they are limited in their knowledge of each individual family culture.

# Formats and Overview

**CPRT-10 WEEKS!**

**BASIC COMPONENTS:**

Initial family assessment and family play observation

Play session demonstrations by the therapist

Parent training period

Direct supervision of parents' first play sessions with their children

Transition to home play sessions monitored by the therapist coupled with skills generalization (modified in CPRT manual)

Discharge

The number of sessions varies with each family

Every Session Follows the Same Plan!

Rules of Thumb to Remember

New skill or review of skill

Psycho-education about Use of  
Skill & Practice

Practice or Homework

Expectation

Questions?

# Exclusionary Criteria

Screen OUT parents who are:

Too angry, or have uncontrolled anger

Abusive

Abusing drugs

Out of touch with reality (thought disturbance,  
etc.)

Severely depressed

Severely emotionally disturbed

OR parents of a child who has *serious*  
emotional problems [that require inpatient or  
intensive tx]



# CPRT 10-Session CPRT Training Model

## SESSION 1

**“Focus on the Donut, not the Hole!”**

Play is the child's language

This modality helps prevent problems because adults become aware of child's needs - respond rather than react!

**“Be a Thermostat, not a Thermometer!”**

***Learn basic play therapy skills***

Return control to “you” as parent/develop child's self control

Key to child's inner world

Provides closer, happier times

(Landreth & Bratton, 2006; Bratton, 2015)

# CPRT 10-Session CPRT Training Model

## SESSION 1

### Reflective Responding

Way of following, rather than leading

Don't ask questions

Responses that say:

**"I AM HERE.**

**I HEAR YOU.**

**I UNDERSTAND.**

**I CARE."**

### Whole Brain Child Psychoeducation

#### Connect and Re-Direct

When your child is upset:

1. Connect first right brain to right brain (e.g., loving touch, empathy, validate their feelings, listen, reflect).
2. Redirect with left brain!

When they are more receptive, involve child in making amends.

# CPRT 10-Session CPRT Training Model

## SESSION 2

### Review ***Basic Principles of Play Sessions***

“The parent’s toes should follow his/her nose.”

### Demonstration of Toys for Toy Kit

Briefly review Toy Categories on Toy Checklist (explain categories, don’t simply read list)

Demonstrate toys and briefly explain rationale (esp. toys that may concern parents: dart gun and baby bottle) - provide examples/role-play how you might respond to child playing with a specific toy



(Landreth & Bratton, 2006; Bratton, 2015)

# Remember the “Be-With” Attitudes:

Your INTENTION in your responses is what is most important - and should convey to your child:

*I am here.*

*I hear/see you.*

*I understand.*

*I care.*

**Reminder:** These play sessions (and the new skills you are applying) are relatively meaningless if applied mechanically and not as an attempt to be genuinely empathic and to truly your child.

***YOUR INTENT AND ATTITUDE IS MORE IMPORTANT  
THAN YOUR WORDS.***

{Landreth & Bratton, 2006; Bratton, 2015)

# How do I address cultural oppression throughout treatment?

Follow the family!

Abreaction and catharsis will occur through the play and bonding process.

Include culturally appropriate toys/materials.

Support the family's processing of their own exposure to stressors such as discrimination or acculturation stress.

Continue to cultivate an environment of honesty and vulnerability.

Acknowledge own limitations & biases.

# Questions?

# Contact Information

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WA APT [www.wa4pt.org](http://www.wa4pt.org)  
March Conference: Family Play Therapy

*Antioch Center for Play Therapy  
Play Therapy Certificate Program*

<https://www.antioch.edu/seattle/degrees-programs/counseling-wellness/play-therapy-cert/>

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