Child–Parent Psychotherapy and Traumatic Exposure to Violence

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The early experience of violence has a profound impact on every aspect of the child's development. Contrary to the widespread belief that infants and toddlers are too young to remember and understand violent episodes, children who were abused or witnessed domestic violence remember and respond to these events with physiological, emotional, and cognitive disturbances. They may re-enact their experiences long after the event through play and through their interactions with parents, teachers, and peers.

Helping traumatized infants and toddlers calls for a multidimensional approach to assessment and treatment. Child–parent psychotherapy (CPP; Lieberman, 2004; Lieberman & Van Horn, 2005, 2008) is a relationship-based treatment for children from birth to 5 years old who were traumatized by violence and are experiencing emotional, social, and cognitive difficulties (Lieberman & Van Horn, 2008). The primary CPP goal is to improve the quality of the parent–child relationship as a vehicle for restoring the child's trust in the parent, regulation of affect, and mastery of developmentally appropriate goals. CPP has extensive empirical evidence of efficacy in reducing symptoms of posttraumatic stress and enhancing security of attachment, social–emotional functioning, and cognitive achievement (see Lieberman, Ghosh Ippen, & Marans, 2009, for a review).

Meeting Juan and Carola

Carola, a 29-year-old immigrant from Central America, requested help with her 3-year-old son, Juan, because he was behaving aggressively toward her and his peers, was defiant at home and at school, and had nightmares, nocturnal enuresis (bed-wetting), sadness, psychosomatic complaints (physical manifestations of psychological distress), anxiety, and developmental delays. During the initial assessment, the clinician asked Carola about her own state of mind, and she described symptoms of hypervigilance (heightened arousal), depression, dissociative episodes (periods of spacing out), flashbacks (intrusive recollections of the traumatic events), and psychosomatic complaints. When asked about any traumatic events in her life, Carola revealed that she had been a victim of severe verbal, physical, and sexual abuse by Juan's father, beginning in pregnancy and lasting until Juan was 2 years, 8 months old. The violence ended when Juan was arrested, after a neighbor who saw Carola lying unconscious in front of the house called the police.

Carola initially minimized the link between violence exposure and Juan's presenting symptoms and dismissed the impact of his father's absence on Juan. When asked how she had explained the separation, she answered, "I told him that his dad went to buy milk. I don't think he remembers anything because he doesn't ask about it." The therapist provided developmental guidance about how young children like Juan respond to violent episodes and to their father's departure from the home and explained the CPP focus on helping her and Juan verbalize, process, and cocreate

Abstract

This article illustrates the multidimensional impact of violence during infancy and the effectiveness of a relationship-focused treatment, child–parent psychotherapy (CPP), in addressing the traumatic consequences of exposure to violence. The authors describe the treatment of a 3-year-old boy and his mother and highlight three key points: (a) Infants have the capacity to remember traumatic events and encode preverbal memories into images that can be narrated once language is acquired; (b) a therapeutic working relationship with the parent provides a framework for trauma-focused treatment; and (c) speaking about and using toys to re-enact what happened, and practicing ways of feeling safe and protected, provide a vehicle to regulate emotions and create trust in the parent's capacity to protect.

meaning out of the traumatic experiences they experienced. Individuals are often left with unmanageable and disorganized memories and feelings after experiencing traumatic events. CPP aims to support parents and children in verbalizing these experiences by cocreating a story together in words and/or play. This story, or *trauma narrative*, aims to organize their experience, validate the child's memories, and provide him with a sense of mastery and control over these events. Creating this narrative also helps lift the shame of what often may feel like unspeakable feelings; by making it explicit, it allows both parent and child to process the events in a safe setting and to practice together, through play and interaction, new ways of feeling safe and protected. The process helped Juan express and modulate his feelings of grief, fear, and anger about frightening events.

Carola expressed resistance to talk about the traumatic events she and Juan had experienced and showed her need to avoid difficult topics by missing several sessions during the first 2 months of assessment and treatment. Once treatment started, Juan's aggressive play seemed to trigger her withdrawal and rendered her emotionally unavailable to him. The mismatch between the child and the parent's readiness to process traumatic experiences is a frequent dilemma in trauma-focused treatment because trauma avoidance is one of the manifestations of adult posttraumatic stress disorder (PTSD). The therapist addressed the mother's resistance by normalizing the wish to keep painful emotions at a distance and promising that she would respect Carola's pace while working with her in addressing her goals for herself and Juan.

The assessment revealed that Juan had severe expressive and receptive language delays. He could articulate three to five words and used pointing and grunting to communicate. Language delay is a frequent symptom of traumatic stress and had a significant impact on Juan's daily functioning. He became easily frustrated when peers or adults did not understand him and often resorted to hitting to communicate his needs. These behaviors were responses to Juan's cumulative exposure to traumatic experiences, which led to states of heightened arousal or dissociation (withdrawal to the point of spacing out for periods of time) with a negative impact on all developmental domains (Pynoos, Steinberg, & Piacentini, 1999).

Living with danger was not only a past experience but also a daily threat for Juan and Carola. They were living with Juan's paternal aunt, the only person Carola knew in her city. She lived in fear that Juan's father would be released from jail and find them at his sister's house. Carola felt unable to work due to her undocumented status and relied on Juan's aunt for financial survival, recreating the helpless dependence she had experienced with Juan's father.

Juan met diagnostic criteria for PTSD (American Psychiatric Association, 2000; ZERO TO THREE, 2005). However, his symptoms and problems best matched the proposed diagnosis of developmental trauma disorder (DTD; Van der Kolk, 2005), which better captures the impact of multiple trauma exposures over critical developmental periods. Juan's symptoms of disrupted sleep patterns, failure to achieve and maintain developmental competencies, a shift in his expectations where fear and threat are generalized to all future relationships, multiple physical complaints, and difficulty regulating his emotions, are best described as domains of DTD.

Offering Concrete Assistance

Safety was the first goal of treatment. The violence that this dyad experienced had shattered the "protective shield" (Freud, 1923/1961) that parents typically provide for their young children, threatening the foundational trust of the attachment relationship by damaging the mother's capacity to protect and the child's ability to rely on her for safety and protection. CPP seeks to restore the dyad's confidence in this protective shield by modeling protective behavior and addressing safety concerns. The therapist accompanied Carola to get a protective order restricting Juan's father from approaching them and referred her to a family resource center for housing assistance. These interventions resulted in Carola and Juan moving to safe and stable housing, and Carola reported feeling safe for the first time since she met Juan's father. Carola started viewing the therapist as a source of support. After this intervention, the mother either attended or rescheduled all subsequent sessions. Offering concrete assistance with the problems of daily life is often one of the primary building blocks in building a trusting relationship with the parent (Fraiberg, 1980; Lieberman & Van Horn, 2005, 2008).

Many of the families we work with live with an array of stressors that tax their internal and external resources. For Carola, being undocumented restricted her employment opportunities and her ability to financially support her son. She worried that Juan's father could carry out his threats of reporting her to the Immigration and Naturalization Service, and this fear perpetuated the feeling of being controlled by him. One of the services our program is able to offer through the generosity of a private donor is access to an on-site immigration attorney who specializes in helping clients apply for a U-Visa that grants temporary legal status and work eligibility for undocumented victims of a crime such as domestic violence. While providing hope for the future, the U-Visa application process had a retraumatizing effect for Carola, who had to recount in specific detail every event of domestic violence she had experienced. The therapist used this opportunity as a therapeutic port of entry to help Carola create a trauma narrative that alleviated her paralyzing shame and guilt for subjecting Juan to the violence inflicted by his father. The sense of safety provided by requesting and eventually attaining this visa was extraordinarily helpful in fostering Carola's hope in the future.

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Offering concrete assistance with problems of living is often one of the primary building blocks in building a trusting relationship with parents.

The process of telling her story and hearing the reaction of the therapist enabled Carola to come to grips with the consequences that ensued when Juan's father brought her across the U.S. border and placed her in a situation where he held all the power through his control of resources and death threats against her and her family if she left him. Juan's father was reportedly affiliated with a powerful international gang, and the safety of Carola's family in their hometown was also at stake. The therapist spoke for Carola about the injustice, outrage, and helplessness inherent in this situation; helped her reflect on how dangerous it would be for her and Juan to make the decision to leave her partner; and offered expressions of empathy that initially seemed foreign to her. As Carola gradually internalized the therapist's position, she was

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Traumatic wounding occurs within the context of relationships, and the healing must occur within this context as well.

better able to tolerate the feelings associated with her memories and allowed herself to feel appropriate indignation at the violence committed against her and Juan.

Securing specialized intervention to help Juan with his severe speech delays was the next step in building a therapeutic alliance. The therapist helped Carola to request a referral for a speech evaluation, which resulted in his receiving speech therapy at his preschool center. The therapist made classroom observations and provided mental health consultation to the teachers to guide them in changing their responses to Juan from "time out" to containment, strategies to manage his emotions and behavior, and reassurance that the teachers wanted to keep him safe.

Addressing Carola's severe PTSD symptoms was the third component of the initial phase of treatment. The therapist had individual meetings with Carola where she explained that the mother's symptoms of anxiety, hyperarousal, and avoidance were expectable manifestations of the frightening events she had experienced. This insight led Carola to accept the therapist's recommendation of individual therapy. In addition, the therapist continued to meet individually with Carola in monthly collateral sessions to process the content and emotions that emerged during the joint sessions. As her traumatic symptoms were addressed in individual and collateral sessions, Carola became more prepared to acknowledge the impact of the violence on her son.

Cocreating a Trauma Narrative

Creating a therapeutic alliance with the mother decreased the risk that she would invalidate her son's experiences during the joint sessions, but Carola remained convinced that Juan did not know about the daily beatings and rapes she had endured in his presence. Over the course of a few individual sessions, she finally agreed to speak with Juan about the most recent stressor—the father's absence from the home—and agreed also to make a general statement about his father hurting her. She was still ambivalent about speaking of the fear they had experienced while his father lived with them, and she was convinced that Juan had not seen his father's arrest.

Following this agreement, Carola told Juan during a joint parent–child session that they were coming for treatment because his dad had gone away and he hurt her when he lived with them. With Carola's permission, the therapist made the link between these events and Juan's experience by telling him that his mother thought he was sad and scared and that is why he had trouble sleeping and got frequently angry. In response, Juan immediately chose a male doll figure, pretended to handcuff him, and placed him inside of a toy police car. This type of posttraumatic play is common once children are given the acknowledgment, the emotional space, and the appropriate toys to describe their story (Van Horn & Lieberman, 2006). Juan was clearly communicating what he remembered. The mother expressed surprise that Juan had seen his father being arrested and was able to tell him that the father was taken by the police because he was not safe. This was a turning point for both Carola and Juan because the unspeakable had finally been spoken.

In CPP, play is used not only as a vehicle for exploring and interpreting the child's own experience but also as an avenue for parent and child to cocreate trauma narrative. CPP therapists facilitate this cocreation by providing a safe space for the children to tell their story while also supporting the parents in their varying levels of tolerance for that story. Over the course of treatment, Juan kept showing us how vividly he remembered the events. In one session, he pretended to hit his mother's nose and made a gesture to represent blood coming out. Carola appeared shocked. She then reported that, when Juan was 6 months old, his father threw him against her, causing his head to hit her nose so hard that it bled. In response, the therapist helped her to talk about this event to Juan in words that he could understand, emphasizing that it was not Juan's fault that his mother was hurt. This same event was replayed in a session 1 year later, after Juan had received 11 months of speech therapy and his language had improved significantly. In this later session, Juan once again re-enacted the event, this time putting words to his experience by saying, "I killed your nose." As a 4-year-old, Juan could express developmentally normative feelings of guilt as he remembered a scene that he could only experience as an overwhelming multisensory bombardment when he was a 6-month-old infant. Responding to his guilt, Carola comforted him by helping him to touch her nose and move it from side to side and showing him that her nose was not "killed" but only hurt and was now cured. Carola and the therapist also used dolls to show Juan that 6-month-old infants do not have the muscle control to stop an adult and assured him that he was too little to stop his father from throwing him against his mother.

In another joint session, Juan spontaneously said, "Daddy killed you." Carola's initial response was to reassure Juan that she was not dead and that, although Daddy had hurt her in the past, she was alive and healthy now. This answer did not sufficiently reflect Juan's experience, and he insisted by repeating, "Daddy killed you" over the next few sessions. The therapist and Carola explored what Juan may be trying to communicate in individual sessions, and she remembered that, when Juan was 2 years, 8 months old, Juan's father hit her on the side of the head and left her unconscious on the floor while he fled town with Juan for a few days. In recounting this event, Carola broke down in tears as she was finally able to tolerate imagining Juan's experience of thinking that she was dead and being forcibly separated from her for several days. On a subsequent joint session, Carola was able to tell this story to Juan, acknowledging what had happened and how scared Juan must have been. After listening to his mother's story, Juan took out the doctor's kit and pretended that he was patching up the mother's head. This sequence illustrates how Juan used play not only to describe his inner experience but also to repair the harm done, as he experimented with alternate endings and experienced mastery over situations where he once felt helpless.

In spite of this progress, Juan's sense of impending danger continued to haunt him. During an individual session, Carola reported that, when a male friend came to their home to help move furniture, Juan ran into the kitchen, grabbed a large knife, and walked toward this man, demanding that he leave his mother alone. Carola then expressed her fear that Juan was genetically predisposed to be violent, saying "I am afraid he will grow up to be just like his father. That's exactly how he would have reacted." The therapist reminded Carola of a previous conversation about traumatic triggers and helped her use this lens to understand both Juan's behavior

and her reaction to it. The therapist explained that Juan was likely reminded of his father's violent actions when hearing the voice of a man in the house, misinterpreted this man's presence as a harbinger of danger, and reacted by trying to protect his mother using the behaviors he had learned from his father. In response, Carola reported that, when Juan was 13 months old, he witnessed his father engage in a knife fight on the street. She added that his father always carried a knife, and seeing her son hold a knife in the same way reminded her of him. By understanding Juan's behavior as an effort to protect her, Carola was better able to respond to him as a 4-year-old boy in the present moment rather than as a genetic copy of his father as a future perpetrator.

The therapist brought this episode back to a joint session, saying to Juan, "Your mommy told me about what happened when a man came to visit; you got so scared that you got a knife to protect your mommy." Juan listened attentively and said, "Man in house!" The therapist continued, "You remembered the times that daddy hurt your mommy and you felt so scared just like you did back then. You wanted to protect your mommy." Carola then interrupted and added, "But it's not OK for you to use knives. I know you saw your daddy use a knife, but I don't want you to ever use a knife like that, OK?" Juan approached his mother and sat on her lap, saying "No knives?" and Carola said "No more. No more knives," and gave him a hug. Carola was starting to link Juan's behavior to their past traumatic experiences, to speak about the trauma, and to restore her role as a protective caregiver.

These examples illustrate the ability of infants to form and later recall significant preverbal memories that are charged with affect. This capacity has been described in several studies showing that previously encoded preverbal memories were later recalled verbally (Nelson & Ross, 1980). The examples also highlight the necessity for parents to validate their child's frightening early experiences, reassuring the child of their determination to protect. As the child's mastery of language and capacity for symbolization improves with age, preverbal experiences can be reflected upon and given meaning in the context of the child's developmental stage and normative anxieties. Juan's improved expressive language skills enabled him to link words to the traumatic enactments he had been displaying through play. When Carola, with the therapist's encouragement and support, became able to validate for Juan the frightening events that he had witnessed and endured, Juan's preverbal memories were recast in new meanings that bound chaotic inner states of terror into an age-appropriate explanation that his father had not learned to use words, hurt Juan and his mother when he was angry, and was taken to jail to stop him from doing so again. On a basic level, traumatic wounding occurs within the context of relationships, and the healing must occur within this context as well.

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Cultural values, traditions, and practices influence a parent's understanding of their child.

During this phase of treatment, a new and worrisome behavior emerged: Juan started chewing on his sleeves to the point of forming holes in most of his shirts, as well as chewing on cups, pencils, and even wooden furniture in the home. The therapist explained to Carola that children often show new manifestations of anxiety while trying to master old fears and reassured her that this new symptom was very likely to be temporary. Together, the therapist and Carola worked on helping Juan identify when he was starting to become anxious so that he could become mindful of his feeling states and deliberately change how he coped with stress and with traumatic reminders. Blowing bubbles was used as an activity to encourage deep breathing while turning his attention to his body in order to enhance his affect regulation skills. Juan enjoyed this activity, which became a weekly tradition during the sessions as well as an intervention that could be easily applied at home. Carola started to remind Juan to breathe using his bubbles whenever she noticed him chewing objects. She also realized that bedtime was always a difficult time for Juan because the episodes of domestic violence had occurred mainly at night, and she started to also use this method to help Juan calm down before bedtime. She started to speak openly with Juan about the fighting events that had occurred at night while his father lived with them, and she reassured him that the fighting was not happening in the moment and that she did not want it to ever happen again. This differentiation between reliving and remembering is a key aspect of trauma treatment (Lieberman & Van Horn, 2008; Marmar, Foy, Kagan, & Pynoos, 1993).

CPP places emphasis on understanding how cultural values, traditions, and practices influence the parent's understanding of the child. In this family, Carola understood Juan's expressive language delay as a result of a "*susto*," or scare, from the traumatic events he witnessed. She also believed that Juan's symptoms stemmed from breastfeeding because she "passed on" her stress via the breast milk. This belief, widespread among indigenous cultures in Central and South America, is called "*teta asustada*" ("frightened

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breast"). The therapist expressed her respect for these traditional beliefs while also encouraging her to use her religious faith to find forgiveness for the guilt they induced in her.

Treatment Results

As described earlier, CPP is a multi-theoretical treatment that uses attachment theory, trauma theory, psychoanalytic insights into the intergenerational transmission of unresolved intrapsychic conflicts, cognitive–behavioral strategies, and mindfulness exercises to help the child and the parent regulate affect, repair their relationship, and regain joy in pursuing developmentally appropriate goals. As the result of treatment, significant improvements occurred in the quality of the parent–child relationship and the overall functioning of both Juan and Carola. Their relationship now reflects a restored sense of safety and protection. Juan seeks out his mother for comfort, and she accurately reads his cues and responds in a supportive and protective manner. Carola has enhanced her reflective capacity to understand and respond to her son's behavior in the context of the traumatic experiences he witnessed. They have a shared narrative of their trauma history; Carola is able to identify when Juan is being triggered by traumatic reminders, and she can intervene by helping him distinguish between reliving and remembering the trauma. She tells him, "*Tienes razon, eso ocurrió, pero ya pasó*" ("You are right, that happened, but it's in the past"), or she encourages him to breathe deeply using bubbles to increase his ability to use breathing to regulate affect and enhance his body awareness. She can also identify when she becomes triggered by Juan's behavior, and she uses body-based interventions such as grounding to bring herself back to the present moment. As a result of this progress, Carola makes fewer negative attributions about Juan and is able to preserve hope that he will break the cycle of violence and have a bright future. She can tolerate and answer Juan's questions about where his father is, speaks about their experiences openly, and acknowledges and normalizes her son's feelings while showing more compassion for Juan and for herself.

Juan's overall functioning has significantly improved. He no longer chews on his clothes, other items, or furniture and has started to internalize the sense of security in the relationship with his mother. His language development has improved significantly, and although he continues to receive speech therapy services, the remaining language delay does not seem to interfere with his academic success. He is excelling in kindergarten. With Carola's consent, the therapist has collaborated with Juan's school, participating in Individualized Education Plan and behavioral plan meetings to inform teachers and administrators about the impact of trauma on Juan's functioning and to help them understand and respond to his behavior using a trauma lens. The school has implemented body-based interventions, such as allowing him to drink water and do breathing exercises when he becomes triggered by the class environment. Juan is now able to say "*No me gusta*" ("I don't like it") and "*Paz*" ("peace") when he perceives threat from other children. Juan continues to use bubbles to encourage deep breathing before bed, and this has helped him stay asleep throughout the night. Juan reports fewer nightmares, and the bed-wetting has subsided.

Carola was granted the U-Visa, has started stable employment as a janitor, and has registered for English classes. Carola's goals are to provide financially for her family and move out of the shelter once she has enough money saved. This inspirational family portrays the power of relationships and the vital importance of effective trauma treatment for young children and their families.

Lessons Learned

- For a traumatized parent to tolerate the emotionally taxing work that CPP involves, the therapist and parent must have a solid foundation of rapport and trust. Supporting the parent by offering concrete assistance is often the initial way to build this partnership. Individual parent sessions throughout treatment to support the parent with their triggered reactions to the work are also at times necessary. Once a parent can internalize the safety in this relationship, she can build the capacity to provide it for their child.
- Exposure to violence during infancy disrupts the course of typical development, including language. Children vividly remember the events they experienced as infants and are later able to re-enact them through play or verbally recall them once they develop expressive language. When this occurs, they need their parents' support in giving meaning to these frightening early memories and to restore or create for the first time feelings of safety and protection. CPP is effective in increasing the quality of attachment in the parent–child relationship, restoring the parent's protective shield, supporting the child in returning to a typical developmental course and increasing the family's overall quality of life.

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