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CHILD PARENT RELATIONSHIP THERAPY (CPRT) ON CHILDREN'S EXTERNALIZING BEHAVIOUR PROBLEMS

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ABSTRACT

The main objective of this study is to investigate the effects of child-parent relationship therapy (CPRT) on children's externalizing symptoms, an area of study that has received little research interest in Tehran, Iran. This study is an experimental research on mothers who have primary school children with externalizing problems. The sample comprised 84 mothers equally divided in an experimental group and a control group. The experimental group was put through ten sessions of a CPRT training program and the instruments for data collection included the Children's Behavior Checklist, (CBCL) and one intervention in the form of CPRT. The results showed that there was a significant difference of externalizing symptoms between pre-test and post-test in the experimental group [$t = 61.04$ $p < .000$]. The results indicated that CPRT as a treatment in the experimental group was effective and led to a significant decrease in the externalizing behavior of children. As such, it is hoped that the positive findings of such a therapeutic training program like CPRT in reducing the prevalence of children's externalizing problems will lead to its adoption and implementation by the Iranian government for the treatment of such children's behavioral problems.

Keywords: *Child Parent Relationship Therapy (CPRT), Externalizing Symptoms*

INTRODUCTION

Nowadays researchers in the field of developmental psychopathology have been paying considerable attention to children's behavioural problems like externalizing and internalizing (Cartwright, 2005). Achenbach and his colleagues created the Children's Behavioral Check List (CBCL) to investigate children's and adolescents' behavioral problems (Achenbach, 1991). The externalizing behavioral problems or interpersonal symptoms are demonstrated in aggression, conduct problems, and delinquency (Achenbach, 1991). The externalizing symptoms tend to be consistent across individual development, and include academic difficulties, peer problems, negative interactions with parents, delinquency, and other undesirable outcomes. It is therefore very important to identify children at risk for high and continuous externalizing problems early in their development (Darling *et al.*, 2006).

There are several etiological aspects of children's externalizing symptoms, which are influenced by items such as parenting style, parents' practice, peer factors, and environmental factors (Darling *et al.*, 2006). It therefore shows that parent-child relationship plays a vital role in shaping children's behaviors and outcomes. Ignorance of parent-child interaction may result in unwanted negative effects on children's growth and lead to problems of misbehavior in children (Baumrind, 1991).

Researchers have shown the effects of some parenting programs that could decrease children's behavioral problems (Landreth and Bratton, 2006) and one of the most popular and effective of these is CPRT. According to Landreth and Bratton (2006), specialists/therapists trained in play therapy use CPRT to instruct parents to be treatment agents with their children. Parents learn basic principles and some skills including reflective listening, recognizing and responding to children's feelings, and improving children's

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self-esteem. Such training gives parents the opportunity to learn how they can establish an understanding and also helpful environment, which can help to establish personal facility and develop a healthy child-parent relationship.

The CPRT treatment manual contains treatment outlines, a therapist's study guide, parent handouts, toy guidelines, and supplementary training materials needed for conducting the 10-session training model with parents whose children have behavioural problems (Landreth and Bratton, 2006).

The Person-Centered Theory conceptualized by Carl Rogers (1951), helps to develop therapeutic play between child and parent. This theory posits that individuals are all "becoming" and moving towards "self-actualization" through the fundamental qualities of a personal nature (i.e. growth process and change). The goal of counselling using the Person-Centered Theory is to provide the necessary environment and stimulus for clients (i.e. children and parents). As such, the role of the helper in the Person-Centered Theory is to facilitate this self-actualization of children by developing a client-helper relationship that is built on empathy, optimism, and creating a suitable environment for children's expression through play (Rogers, 1951). Rogers's innovative approach is based on the knowledge that children's problems are often the product of parents' lack of knowledge and skill. The child's behaviour in this process is goal-directed, and all efforts are made to satisfy the child's personal needs (Rogers, 1951). In general, Rogers' theory and the therapeutic aims in CPRT for the children include a reduction of symptoms of behaviour, development of coping strategies, an increase in positive feelings of self-confidence, and a more positive relationship between parent and child (Landreth and Bratton, 2006).

A decision to select the best approach in the treatment of externalizing and internalizing symptoms among Iranian children requires an understanding of the socio-economic context of the country and the particular socio-economic environment of the sample population, which, in this study is drawn from Tehran, the capital city of Iran. Tehran is a semi-industrial and semi-agricultural city with a socio-cultural context that is traditional and religious. In Tehran, the majority of the people are involved in industry, and the nature of their work or employment in this environment significantly dictates their lifestyle. Like any major urban center anywhere in the world, Tehran is a magnet that draws millions of Iranians from other parts and cities of the country that move to the capital city in search of employment, a better life for their families, and for many other reasons. In most cases, the majority of families in Tehran have their men at work most days; therefore, mothers are left to care for the children (The Institute of Education in Iran, 2005).

In light of such circumstances, CPRT training in this research is applied on mothers who have children with externalizing behaviour problems. To date, there have been relatively few studies, which have examined CPRT as an instrument for modifying externalizing symptoms in children in Tehran-Iran.

Minaei (2006) reported that the rate of children's behaviour problems (i.e. internalizing and externalizing symptoms) in Tehran is around 19% of the children population, which is alarming. This study is therefore significant as it can produce functional results in the Tehran-Iran context. This present study will serve to fill this research gap by determining the effects of CPRT on children's externalizing symptoms. This research investigated and showed that child-parent relationship therapy (CPRT) can reduce children's externalizing symptoms through modifying their mother's behaviour.

Previous Research

The literature in the past decade shows that child-parent relationship therapy (CPRT) can modify parents' attitude or behaviour and improve parent-child interaction. In CPRT training there are some important principles that can effectively and positively influence parents, help them empathize with their children and decrease their children's behaviour problems, and improve parent-child interaction.

The following studies have utilized Landreth and Bratton's (2006) 10-session CPRT model with the overall goal of modifying parent's perception about their children and also decrease their children's behavioural problems. Tew *et al.*, (2002) examined the effectiveness of CPRT therapy on chronically-ill children. Parents in the filial therapy-training group evidenced a significant decrease in their children's difficulties and in their own parenting stress; they also reported a considerable increase in the level of acceptance of their children.

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Smith and Landreth (2004) investigated the effectiveness of CPRT on children who were witnesses to domestic violence. Parents who were trained in filial therapy reported a considerable decrease in their children's problem behaviours and a significant increase in their children's self-concept. These same parents also reported a remarkable increase in their acceptance and empathic behaviours toward their children.

In another research, Foley *et al.*, (2006) examined parents' perceptions using Landreth's 10-week CPRT training program, which was modified into a nine-week training program at school. This particular study used a qualitative research methodology to examine six parents in the CPRT training program, with emphasis on particular components of this special training. The results of this research indicated a significant decrease in the children's tension and the parents' stress level as well.

Villarreal (2007) conducted a quasi-experimental research on 14 English-speaking Hispanic parents of children (who scored a clinically significant range in externalizing problems) from two elementary schools in Texas. The parents were assigned randomly in a CPRT group and control waitlist group. A part of the results indicated that parents who participated in the CPRT group reported a statistically significant reduction in the externalizing behaviour of their children.

Ceballos (2008) conducted a study on 24 parents of elementary school children with behavioural problems to determine how effective CPRT would be. These parents were placed in the experimental group while 24 others were in the control waitlist group. After applying CPRT and taking pre- and post-tests, those in the experimental group reported a statistically significant decrease in externalizing symptoms among their children.

Sheely (2008), who conducted a study to determine the effectiveness of CPRT training on low-income black American parents, placed 14 parents in the experimental group and 13 other parents in the control group. The findings indicated that the parents in the CPRT experimental group confirmed a significantly decreased level of parent-child relationship stress as well as child and parent domains. Additionally, there was also a decreased total score in their children's externalizing problems.

Reed (2009) also made a study on 30 parents with children between the ages of two and 10 who met for 10 sessions of CPRT therapy. The results demonstrated that significant difference was observed between pre-test and post-test results of the Child Behaviour Check List, for children with externalizing behaviour problems after CPRT intervention.

West (2010) made a study on changes in parent-child relationship, child behaviour, and empathy of non-warm parents in CPRT. Participants comprised eight parents who completed 11 weeks of CPRT conducted in experimental and control groups. All parents also completed a post-interview to report on their experience in changing qualitatively, including improved parent-child relationships, better communication, a higher level of acceptance, positive behaviour changes in parents, positive behavioural changes in child, and significant improvement in discipline. Quantitative data revealed that the children's behavioural problems were reduced and parenting stress eliminated.

Objective

The current research aims to answer the following question: Are there any differences in children's externalizing symptoms between their mothers exposed to CPRT and those who were not?

MATERIALS AND METHODS

Research Method

Sampling

This study examined a sample of 86 mothers in Tehran-Iran residing in the 19th region of Tehran (a small part in southeast of Tehran which was randomly selected from 22 regions of Tehran). There are 61 schools in this region (31 boy's schools and 30 girl's schools). The researcher made presentations to the schools of this region of Tehran, and collected information about the children in primary school who showed aggression, delinquency, and conduct problems. There were 418 students (180 girls and 238 boys) whose mothers completed the Children's Behaviour Checklist (CBCL) Questionnaire. Then the 43 mothers whose children exhibited externalizing symptoms were randomly assigned to the experimental

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group while the other 43 mothers of children with externalizing problems were in the witness control group.

Measures

Children's Behaviour Checklist (CBCL) Questionnaire

The Children's Behaviour Checklist (CBCL) Questionnaire is a set of forms to evaluate competency, and affective-behavioural problems. The CBCL is an instrument from the Achenbach System of Empirically-Based Assessments (Achenbach and Rescorla, 2001). This instrument arranges two behavioural problems - internalizing and externalizing symptoms - based on total T scores. Children with a CBCL T score of 63 or above for either of the externalizing symptoms were considered to be at clinical risk. Also, the CBCL is a paper-and-pencil behaviour checklist completed by parents and or the caretaker of a child between the ages of six and 18 years. The parents responded using a 3-point Likert scale. The CBCL was normalized in Iran with adjustments made to the cultural, social and linguistic aspects. Following this a multi-stage sampling method was selected. The various forms of this system were then distributed to be filled. The internal similarity of the relevant scale was 70% and the scale of the second part was also satisfactory. In the validity of pre-test-post-test, all the correlations were significant for Pearson's moment production (Minaei, 2006).

Child-Parent Relationship Therapy (CPRT)

The CPRT is a 10-session Filial Therapy Model to train parents. It is one method used by specialists trained in play therapy to teach parents to be treatment agents with their children while the parents themselves learned basic principles and some skills including reflective listening, recognition, responding to children's feelings, and enhancing their self-esteem (Landreth and Bratton., 2006)

Statistical Analysis

Independent t-test and Paired t-test Analyses: Independent t-test was used to illustrate the differences between the experimental and control groups. Also, the intention of the researcher in using the Paired t-test was to determine the differences between pre- and post-test in the two groups, experimental, and control.

RESULTS AND DISCUSSION

Results

As shown Table 1, Paired t-test was done to compare the significant difference of the externalizing level of children in the pre-test and post-test in the experimental and control groups. Based on Table 1, results show there is a statistically significant difference in the externalizing scores between pre- and post-test [$t = 61.04$ $p < .000$]. Also, mean score and standard deviation show significant differences in the pre-test score f ($M=19.02$, $SD=6.91$) and post-test score ($M=12.72$, $SD=4.66$) for the experimental group. However, the mean score and standard deviation do not show a significant difference in pre-test score ($M=18.97$, $SD=6.61$) and post-test score ($M=19.11$, $SD= 6.53$) of the control group.

Also, according to Table 2, Independent t-test was performed on the post-test to compare any significant difference of the externalizing level of children in the experimental and control groups. According to Table 2, it can be seen that there is a different mean score and standard deviation in the post-experimental and post-control groups in terms of the externalizing variable (Mean =12.72, $SD=4.66$) in the post-experimental group (Mean=19.11, $SD=6.53$) in the post-control group).

Table 1: Paired t-test for Externalizing score of children in Experimental and Control groups

Test	Group	N	Mean	SD	t	Sig
Pre-Test	Experimental	43	19.02	6.91	61.04	.000*
Post-Test			12.72	4.66		
Pre-Test	Control	43	18.97	6.61	.34	.55
Post-Test			19.11	6.53		

*Sig <.01

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Also, it is found that there is a significant difference between post- experimental and post-control groups pertaining to the externalizing score of children [$t=5.22$, $p<.000$]. Therefore, the results show that there is a significant difference between the experimental and control groups in the externalizing score of children.

Table 2: Independent t-test for Externalizing score of children in Experimental and Control groups

Test	Group	N	Mean	SD	t	Sig
Pre-Test	Experimental	43	19.02	6.91	.43	.66
Pre-Test	Control	43	18.97	6.61		
Post-Test	Experimental	43	12.72	4.66	5.22	.000*
Post-Test	Control	43	19.11	6.53		

*Sig <.01

Discussion

This study shows just how effective the Child-Parent Relationship Therapy (CPRT) is on Children's Externalizing Behavioural problems. As mentioned above, results are consistent with the statistical significance and modifying parent's perception on reducing children's internalizing behavioural problems. Changing children's behavioural problems indicated in previous studies (Tew *et al.*, 2002; Smith and Landreth, 2004; Foley *et al.*, 2006; Villarreal, 2007; Sheely, 2008; Ceballos, 2008; Reed, 2009; and West, 2010) provide evidence that CPRT improves the mother-child relationship to decrease children's behavioural problems and enhances child-mother interaction.

The results also show that when the parents have proper and useful training, they are able to internalize whatever they have learned, which in turn will allow them to change their children's behavioural problems.

When the mothers can recognize this beneficial treatment, they are able to support their children and control the home atmosphere without being authoritarian. This research has determined that among the children there is a reduction of symptoms of behaviour, they develop coping strategies, increase their self-confidence and will be able to grow into healthy, well-adjusted adults in future. When a program such as CPRT has been proven to be significantly effective on children's misbehaviour and improves mother-child relationships, counsellors and psychologists can consider using CPRT which can provide a possible solution for solving the problems of children and parents.

The present research was limited to only mothers' reports before and after training. So it is recommended that future researches should consider both parents' reports, and also self-reports of children for the purpose of comparing their answers. Furthermore, it is suggested there should be investigation of other variables in mothers when applying CPRT intervention such as parents' attachment, parents' stress, parents' empathy, etc.

Conclusion

CPRT training is a special intervention that shows parents how to be the primary therapeutic agents of change in their relationship with their children and also their children's future lives. In this manner parents learn how to create a suitable parenting style, a non-judgmental understanding, and accepting environment for their children. Also, child-parent relationship will improve because CPRT is clearly involved in communicating with children's feelings, needs, wants, wishes, fantasies, experiences, and thoughts, which improves the child-parent relationship.

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