ISSUE BRIEF

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Abuse-Focused Cognitive Behavioral Therapy for Child Physical Abuse

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- What makes AF-CBT unique
- Key components
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- Effectiveness of AF-CBT
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Promising Practices in Child Welfare

This issue brief was developed by Child Welfare Information Gateway, in partnership with the Chadwick Center for Children and Families. Contributing authors include David Kolko, Ph.D., Robyn Igelman, Ph.D., Nicole Taylor, Ph.D., Charles Wilson, M.S.S.W., and Maiken Thorvaldsen, M.A. Other contributors include Amy Herschell, Ph.D. and Barbara Baumann, Ph.D.

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Children who have experienced physical abuse are at risk for developing significant psychiatric, behavioral, and adjustment difficulties. During the past three decades, research has documented the efficacy of several behavioral and cognitive-behavioral methods, many of which have been incorporated in abuse-focused cognitive behavioral therapy (AF-CBT). AF-CBT has been found to improve functioning in school-aged children, their parents (caregivers), and their families (Kolko, 1996a; 1996b). AF-CBT is an evidence-supported intervention that targets individual child and parent characteristics related to the abusive experience, and the family context in which coercion or aggression occurs. This approach emphasizes training in interpersonal skills designed to enhance self-control and reduce violent behavior.

This issue brief is intended to build a better understanding of the characteristics and benefits of AF-CBT. It was written primarily to help child welfare caseworkers and other professionals who work with at-risk families make more informed decisions about when to refer children and their parents and caregivers to AF-CBT programs. This information also may help parents, foster parents, and other caregivers understand what they and their children can gain from AF-CBT and what to expect during treatment. In addition, this issue brief may be useful to others with an interest in implementing or participating in effective strategies for the treatment of child physical abuse.

What Makes AF-CBT Unique

The families in which physical child abuse occurs have often experienced stressful life events that may lead parents to maintain negative perceptions or attributions of their children, heightened anger or hostility, coercive family interactions, and harsh or punitive parenting practices. As a result, abused children from these families may experience aggression, behavioral problems, trauma-related emotional symptoms, poor social and relationship skills, and cognitive impairment.

AF-CBT addresses both the risk factors and the consequences of physical abuse in a comprehensive manner. This approach draws from a variety of therapeutic approaches and implements procedures that have been successful in improving positive family relations and reducing family conflict in diverse populations of parents, children, and families.

Reflects a Comprehensive Treatment Strategy

The diversity of family circumstances and individual problems associated with physical abuse points to the need for a comprehensive treatment strategy that targets both the contributors to abusive behavior and children's subsequent behavioral and emotional adjustment (Chadwick Center, 2004). Treatment approaches that focus on several aspects of the problem (for example, a caretaker's parenting skills, a child's anger, family coercion) may have a greater likelihood of reducing re-abuse and more fully remediating any mental health problems (Kolko & Swenson, 2002). Therefore, AF-CBT

adopts a comprehensive treatment strategy that addresses the complexity of the issues more completely.

Integrates Several Therapeutic Approaches

AF-CBT combines elements drawn from:

- **Cognitive therapy,** which aims to change behavior by addressing a person's thoughts or perceptions, particularly those thinking patterns that create distorted views
- **Behavioral and learning therapy,** which focuses on modifying habitual responses (e.g., anger, fear) to identified situations or stimuli
- **Family therapy,** which examines patterns of interactions among family members to identify and alleviate problems
- **Developmental victimology,** which describes processes involved in the onset and maintenance of abusive behavior, and how the specific sequelae of the abusive experience may vary for children at different developmental stages and across the lifespan

AF-CBT pulls together many techniques currently used by practitioners, such as behavior and anger management, problem solving, social skills training, and cognitive restructuring. The advantage of this program is that all of these techniques, relevant handouts, training examples, and outcome measures are integrated in a structured approach that practitioners and supervisors can easily access and use.

Treats Children and Parents Simultaneously

During AF-CBT, school-aged children and parents (or caretakers) participate in separate but coordinated therapy sessions, often using somewhat parallel treatment materials. In addition, children and parents attend joint sessions together at various times throughout treatment. This approach seeks to address individual and parent-child issues in an integrated fashion.

Discourages Aggressive or Violent Behavior

The AF-CBT approach is designed to promote appropriate and prosocial behavior, while discouraging coercive, aggressive, or violent behavior. Consistent with cognitive-behavioral approaches, AF-CBT includes procedures that target three related ways in which people respond to different circumstances:

- Cognition (thinking)
- Affect (feeling)
- Behavior (doing)

AF-CBT includes training in various psychological skills in each of these channels that are designed to promote self-control and to enhance interpersonal effectiveness.

Tailors Treatment to Meet Specific Needs and Circumstances

Child maltreatment research has documented a variety of risk factors and consequences of physical abuse, and this variability requires treatment that can be adapted for different needs. So, for example, the treatment needs of a suicidal teen abused by an alcoholic father may differ from those of a child

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reported to be aggressive at school and hostile toward a mother who is also a victim of violence.

AF-CBT begins with a multisource assessment to identify the nature of the problems the child is experiencing, specific parental and family difficulties that may be contributing to the risk of abuse, and the child's and family's strengths that may help influence change. Tailoring the treatment to the family's specific strengths and challenges is key to efficient outcomes (Kolko & Swenson, 2002).

Key Components

AF-CBT is a short-term treatment typically provided over the course of 12 to 24 hours during 3 to 6 months (although treatment may last as long as determined necessary). Treatment generally is provided in an outpatient or in-home setting, but it may be used in residential settings (e.g., group home, residential treatment facility) or other placement settings (e.g., foster care) when the parent or caregiver is in regular contact with the child. Treatment includes separate individual sessions with the child and parent. Joint sessions with the child and parent also are held. Where relevant, family interventions may be applied before, during, or after the individual services. Following a brief outline of treatment goals, the key components in each treatment area are listed below.

Goals

Generally, the goals of AF-CBT treatment are to:

- Reduce parental anger and use of force
- Promote alternative (nonaggressive) discipline approaches
- Minimize risks for additional abusive incidents
- Enhance the child's coping skills and overall adjustment
- Encourage prosocial problem-solving and communication in the family

Treatment for School-Aged Children

The school-aged child-directed therapy elements include the following:

- Identifying the child's exposure to and views of family hostility, coercion, and violence
- Understanding the child's perceptions of the circumstances and consequences of the physical abuse
- Educating the child on topics related to child welfare and safety, child abuse laws, and common reactions to abuse
- Discussing healthy vs. unhealthy coping
- Training in techniques to identify, express, and manage emotions appropriately (for example, anxiety management, anger control)
- Training in interpersonal skills to enhance social competence
- Developing social support plans

The treatment program for children incorporates the use of specific skills, role-playing exercises, performance feedback, and home practice exercises.

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Treatment for Parents (or Caregivers)

Parent-directed therapy elements include:

- Identifying views on violence, physical punishment, and sources of stress
- Understanding the role of parental and family stressors that may contribute to conflict
- Examining the role of expectations related to child development and general attributions that may promote coercive interactions
- Identifying and managing reactions to abuse-specific triggers, heightened anger, anxiety, and depression to promote self-control
- Training in effective discipline strategies (e.g., time out, attention reinforcement) as alternates to the use of physical force

The treatment program for parents incorporates the use of specific skills, role-playing exercises, performance feedback, and home practice exercises.

Treatment for Families (or the Parent and Child)

Parent-child or family therapy elements include:

- Conducting a family assessment using multiple methods and identifying family treatment goals
- Discussing a no-violence agreement
- Clarifying attributions of responsibility for the abuse and developing safety plans, as needed
- Training in communication skills to encourage constructive interactions
- Training in nonaggressive problem-solving skills with home practice applications
- Involving community and social systems, as needed

Target Population

AF-CBT is most appropriate for use with physically abusive or coercive parents and their school-aged children (Kolko, 1996a; 1996b).

Appropriate Populations for Use of AF-CBT

Appropriate candidates for this program include:

- Parents of physically abused children who:
    - Need to improve their child behavior management skills
    - Lack knowledge of alternatives to punitive forms of child discipline
    - Need guidance in creating more positive interaction with their child
- Physically abused children who exhibit externalizing behavior problems, including aggressive behavior and poor social competence. Often these characteristics are found in families with heightened levels of conflict and coercion.

Limitations for Use of AF-CBT

Parents with psychiatric disorders that may significantly impair their general functioning or their ability to learn new skills (e.g., substance use disorders, major depression) may benefit from alternative or adjunctive interventions

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designed to address these problems (Chadwick Center, 2004). In addition, children or parents with very limited intellectual functioning, or very young children, may require more simplified services or translations of some of the more complicated treatment concepts. Children with psychiatric disorders such as attention-deficit disorder (ADD) or major depression may benefit from additional interventions. Traumatized children, especially sexually abused children, may respond better to trauma-focused therapy. For more information, see the Child Welfare Information Gateway issue brief, *Trauma-Focused Cognitive Behavioral Therapy: Addressing the Mental Health of Sexually Abused Children.*

Effectiveness of AF-CBT

The effectiveness of AF-CBT is supported by outcome studies, and AF-CBT has been recognized by other experts as a "model" or "promising" treatment program.

Demonstrated Effectiveness in Outcome Studies

During the past three decades, many of the procedures incorporated into AF-CBT have been evaluated by outside investigators as effective in:

- Improving child, parent, and/or family functioning
- Reducing abuse risk or re-abuse among various populations of parents, children, and families

These procedures have included the use of stress management and anger-control training, child behavior management training, information regarding appropriate developmental expectations, social skills training, and family interventions focusing on reducing conflict (see Chalk & King, 1998; Kolko, 2002).

The individual child CBT, parent CBT, and family therapy components now integrated in AF-CBT were evaluated separately in a study published in 1996. The CBT components were also compared to a third condition—participation in routine community services—in a clinical trial that evaluated key outcomes through a 1-year follow-up assessment. Findings from this research reflected the following:

- In a comparison of individual CBT and family therapy (two separate randomized conditions), weekly ratings of parents' use of physical discipline/force and anger problems during treatment decreased for both groups, although the decline was significantly faster for the group receiving individual CBT (Kolko, 1996a).
- Groups receiving both individual CBT and family therapy reported greater improvements than routine community services on certain outcomes, including:
  - Child outcomes, such as less child-to-parent aggression and fewer child externalizing behaviors
  - Parent outcomes, such as decreased child abuse potential, improvement in individual treatment targets reflecting abusive behavior, less psychological distress, and less drug use
  - Family outcomes, such as less conflict and more cohesion (Kolko, 1996b)
- Official records for the entire study period revealed lower, yet nonsignificant, rates of recidivism among the adults who

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participated in individual CBT (5 percent) and family therapy (6 percent), compared to those receiving routine services (30 percent).

- Both CBT and family therapy had high rates of session attendance and high consumer satisfaction ratings.

Key AF-CBT outcomes are summarized in the exhibit below.

SUMMARY OF AF-CBT OUTCOMES

Parent Outcomes

- Achievement of individual treatment goals related to the use of more effective discipline methods
- Decreased parental reports of overall psychological distress
- Lowered parent-reported child abuse potential (risk)
- Reduction in parent-reported drug use

Child Outcomes

- Reduction in parent-reported severity of children's behavior problems (externalizing behavior)
- Reduction in parent-reported severity of child-to-parent aggression

Family Outcomes

- Greater child-reported family cohesion
- Reduced child-reported and parent-reported family conflict

Child Welfare Outcome

- Low rate of abuse recidivism

Recognition as an Evidence-Based Practice

Based on systematic reviews of available research and evaluation studies, several groups of experts and Federal agencies have highlighted AF-CBT as a model program or promising treatment practice. This program is featured in the following sources:

- *Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices* (Chadwick Center, 2004) www.chadwickcenter.org/Documents/Kaufman%20Report/ChildHosp-NCTAbrochure.pdf
- The National Child Traumatic Stress Network (*Empirically Supported Treatments and Promising Practices,* supported by the Substance Abuse and Mental Health Services Administration, 2005) www.nctsn.org/nccts/nav.do?pid=ctr_top_trmnt_prom
- *Child Physical and Sexual Abuse: Guidelines for Treatment* (Saunders, Berliner, & Hanson, Eds., National Crime Victims Research and Treatment Center and The Center for Sexual Assault and Traumatic Stress; Office for Victims of Crime, U.S. Department of Justice, 2004) www.musc.edu/ncvc/resources_prof/OVC_guidelines04-26-04.pdf
- The California Evidence-Based Clearinghouse for Child Welfare (2006) www.cachildwelfareclearinghouse.org

What to Look for in a Therapist

Caseworkers should become knowledgeable about commonly used treatments before

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recommending a treatment provider to families. Parents or caregivers should receive as much information as possible on the treatment options available to them. If AF-CBT appears to be an appropriate treatment model for a family, the caseworker should look for a provider who has received adequate training, supervision, and consultation in the AF-CBT model. If feasible, both the caseworker and the family should have an opportunity to interview potential AF-CBT therapists prior to beginning treatment.

AF-CBT Training

Mental health professionals with at least some advanced training in psychotherapy skills and methods and experience working with physically abusive caregivers and their children are eligible for training in AF-CBT. Training generally involves at least 2 days of initial instruction involving a review of background materials, discussion of key procedures (e.g., session guide), and presentation of case examples/tapes. Additional learning experiences are recommended, including ongoing follow-up consultation and supervision (by phone) on the implementation of AF-CBT with a small caseload (for 3 to 6 months) and booster training and advanced case review. The duration of this experience may vary by level of experience and case difficulty. See Training and Consultation Resources, below, for contact information.

Questions to Ask Treatment Providers

In addition to appropriate training and thorough knowledge of the AF-CBT model, it is important to select a treatment provider who is sensitive to the particular needs of the child, caregiver, and family. Caseworkers recommending an AF-CBT therapist should ask the treatment provider to explain the course of treatment, the role of each family member in treatment, and how the family's specific cultural considerations will be addressed. The child, caregiver, and family should feel comfortable with and have confidence in the therapist.

Some specific questions to ask regarding AF-CBT include:

- Will the child and parent each receive individualized therapy using corresponding (coordinated) treatment protocols?
- Will social learning principles be used to address the thoughts, emotions, and behaviors of the child and parent?
- Is there a focus on enhancing the parent-child relationship and improving parental discipline practices?
- Is the practitioner sensitive to the cultural background of the child and family?
- Is there a standard assessment process used to gather baseline information on the functioning of the child and family and to monitor their progress in treatment over time?
- Is this the most appropriate treatment for this child and family?

Conclusion

AF-CBT is an evidence-supported treatment intervention for parents and school-aged children in families where physical abuse has occurred. AF-CBT uses an integrated approach to address beliefs about abuse

and violence and improve skills to enhance emotional control and reduce violent behavior. Improvements resulting from the use of AF-CBT include reductions in the risk of child abuse, fewer abuse-related behavior problems in children, and improvements in family cohesion. Increased awareness of this treatment option among those making referrals, coupled with increased availability, may create opportunities for helping to strengthen families and reduce the risks for and consequences of child physical abuse.

Resources for More Information

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Training and Consultation Resources

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Clinicians are encouraged to read the following book:
Kolko, D. J., & Swenson, C. C. (2002). *Assessing and treating physically abused children and their families: A cognitive behavioral approach.* Thousand Oaks, CA: Sage Publications. (Available from www.sagepub.com)

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