An Exploration study of Effectiveness of Child Parent Relationship Therapy (CPRT) on Children Internalizing Behavior Problems

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Abstract: The application of positive parenting training for mothers and fathers which affects family members has received little attention and research interest in Iran. Therefore the current research is necessary. More than ever, the family today has a significant role to play in their children’s development. The major purpose of this current study is to determine the effect of child-parent relationship therapy (CPRT) on children’s internalizing symptoms (anxiety, fearfulness, depression and withdrawal). The study is an experimental research among mothers of children in primary school with internalizing behavioral problems in Tehran, Iran. Respondents comprised of 43 mothers in the experimental group and 43 other mothers in the control group who were randomly assigned. A CPRT as a training program was conducted with the experimental group over ten sessions lasting a total of two months. Instruments for data collection included the Children’s Behavior Checklist (CBCL) and one intervention in the form of CPRT, applied in the experimental stage. The results of the present study indicated that there is a significant difference in the internalizing symptoms between pre- and post-tests in the experimental group. They also demonstrated that CPRT as a treatment in the experimental group was effective and led to a significant change in maternal perspective as reflected by a decrease in the internalizing behavior problems of children \[F(1, 42) = 85.62, p<.01, \eta^2= .67, F=.9\]. In conclusion, the mothers in this program learned reflective listening, recognizing and responding to children’s feelings, all of which in turn improved their children’s behaviour.

Key words: Child Parent Relationship Therapy (CPRT), Internalizing symptoms.

INTRODUCTION

In the past two decades children’s behavior problems including externalizing and internalizing have received considerable attention from researchers in the field of developmental psychopathology. Achenbach has conducted many studies based on Children’s Behavioral Content List (CBCL) as an instrument to discover children’s behavioral problems. The domain of behavioural problems has extended from attention inadequacy to depression. Consequently, problems related to depression, anxiety, withdrawal and physical complaints are recognized as internalization problems (Phares, 2003). The family is a basic Microsystems and an arrangement that influences significantly children’s training and development of character (Baumrind 1991). Thus, any ignorance on the part of parents may lead to unwanted damaging effects on children’s growth and thereafter may create misbehavior problems in children. In the family, parenting is a composite activity with many particular behaviors and there isa a need to work together or individually, to finally have an effect on the child’s later life behavior (Baumrind, 1978). The significance of parenting training was primarily stated by Barkly, Karlsson and Pollard (1985) as the application of learning principles related to reducing the disorders and problems of childhood. Evidently, parenting training has received enormous and widespread acceptability and shown great effectiveness. One of parenting training approaches is CPRT, which is a play therapy particularly effective for treating emotional behavioral problems in children. Therapeutic play between child and parent is developed from the Person–Centered theory conceptualized by Carl Rogers (1951). The Person-Centered theory proposes that individuals should move towards “self-actualization” in order to create the fundamental qualities of human nature through family therapy. Thus, the role of Person-Centered theory is to facilitate this self-actualization by developing a client-helper relationship that is built on empathy, optimism, and appreciation of the client’s own values and beliefs. According to Landreth and Bratton (2006), parent-training approaches have also contained counselor or therapist contact with parents and children and have been used regularly on children with behavioural problems. Parents learn that they are able to create an understanding and accepting environment which can improve personal growth and develop better child-parent relationship (Landreth & Bratton, 2006).

There have been several researches in this particular field. Rennie and Landreth (2000) claim that child’s maladaptive behaviors are seen to decrease when parents are trained in CPRT and have learned child-centered play therapy skills. Also, Rennie, et al., (2000) report that CPRT can help to create a positive and conducive atmosphere in the family that in turn affects a broad range of children's behaviors, such as self-esteem, anxiety,
and behavioral adjustment. Tew, Landreth, Joiner and’ Solt, (2002) determined the effectiveness of CPRT on parents that have chronically-ill children and found that parents exposed to CPRT reported significant decrease in their children’s behavioral difficulties. Cartwright-Hatton S., McNally D., White C. and Verduyn C., (2005) studied 43 parents who had children with internalizing problems. This study examined the impact on internalizing symptoms of a Parenting Skills Training Program. The results showed internalizing scores of parents’ children decreased. On the other hand, Villarreal (2007) performed a study on 14 English-speaking Hispanic parents of children in elementary school and the result demonstrated that parents who participated in CPRT reported statistically significant reduction in their children’s internalizing behavior. Similarly, Ceballos (2008) carried out a study to evaluate the effectiveness of CPRT on 24 parents of elementary school children with behavior problems and documented that parents in the experimental group reported a statistically significant decrease in internalizing symptom of their children. Also, Sheely (2008) reported significant differences between experimental and control groups after CPRT treatment was given, with the experimental group showing significant improvement in internalizing problems among their children. Correspondingly, Reed (2009) demonstrated that significant differences occurred in the child behavioral checklist for pre- and post-test in children identified with clinical behavioral problems after receipt of CPRT.

In Iran, no research has focused on the use of the CPRT approach as an effective method of therapy to improve parenting effectiveness. What is more, most other parent training models are based on past relationships and experience, with emphasis on correcting the way the child has been while CPRT, which originated in the west, focuses on the future and what the child is capable of being or becoming, not what the child has been or done. The focus of CPRT training is on equipping parents with the skills necessary to develop a therapeutic relationship with their children. There is no emphasis on correcting a specific problem a child may have. While most parent training models recommend strategies for changing the child, which is not the objective in CPRT training. It is due to the various reasons mentioned above that CPRT training has been chosen for this research.

Objective: The main objective of the present research is to determine the differences of internalizing children’s behavior problems between parents exposed to CPRT and those who are not, amongst Iranian mothers in Tehran.

Methodology: Sampling:
Samples for this study were 86 mothers in Tehran, Iran who have children studying in elementary school with internalizing symptoms. A total of 43 mothers was randomly assigned to the experimental group and another 43 mothers in the control group. They were selected based on consent to participate voluntarily in this study.

Measures:
3.2.1. Children’s Behavior Checklist (CBCL) Questionnaire: it includes forms to evaluate competency, and affective-behavioral problems of children. The CBCL is an instrument from the Achenbach System of Empirically Based Assessment (ASEBA). This instrument arranges two broad-band behavior problems, internalizing and externalizing symptoms based on total T scores. Children with a CBCL T score of 63 or above for either of the internalizing symptoms will be at clinical risk. The parent responds using a 3-point Likert scale. Each item is scored by a quantitative scale like; (0) = not true of the child, (1) =sometimes true, (2) =often true. The CBCL form, which is filled out by the parents has a reliability of 93% gained during 7 days and reliability for affective and behavioral symptoms at 90%. The internal stability of the scale with an alpha of 0.63 has been 79% in CBCL (Achenbach & Rescorla, 2001).

3.2.2. Child-parent relationship therapy (CPRT): A 10-Session Filial Therapy Model for training of parents. CPRT is a method that is employed by specialists trained in play therapy to instruct parents to be treatment agents to their children and parents learn basic principles and some skills including reflective listening, recognizing and responding to children’s feelings, and increasing the children’s self esteem (Landreth, et al., 2006).

Results:
According Table 1, results of repeated measure ANOVA illustrated the pre-test score for the experimental group (M=19.55, SD=6.83) and post-test score for experimental group (M=12.41, SD=5.27). Based on the data above, there was a statistically significant difference in the internalizing scores between pre- and post-experimental group \( F(1, 42) = 85.62 \ p<.01, \eta^2 = .671, F= .9 \). Also effect size obtained is \( F= .9 \) that was very large effect. Results illustrate that there is a significant difference between pre-test and post-test of the...
experimental group in terms of internalizing symptoms and the CPRT training has near to large effect on the experimental group.

Based on Table 1, Results of repeated measure ANOVA showed the pre-test score for the control group (M=20.67, SD=7.34) and post-test score for control group (M=20.97, SD=7.74). Based on this Table, there was no statistically significant difference in the internalizing scores between pre- and post-test of the control group \( [F(1, 42) = 2.73, p > .05, \eta_p^2 = .06, F = .06] \). Also, the effect size is very small \( (F=.06) \). Results illustrate that there is no significant difference between pre-test and post-test of the control group.

**Table 1:** Repeated measure of ANOVA (Within group) for Internalizing score of children in Experimental and Control groups.

<table>
<thead>
<tr>
<th>Test</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>F</th>
<th>Sig</th>
<th>( \eta_p )</th>
<th>Effect size (F)</th>
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<tbody>
<tr>
<td>Pre-Test</td>
<td>Experimental</td>
<td>43</td>
<td>19.55</td>
<td>6.83</td>
<td>85.62</td>
<td>.000*</td>
<td>.671</td>
<td>.9</td>
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<tr>
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<td>Control</td>
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<td>12.41</td>
<td>5.27</td>
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According to Table 2, repeated measure ANOVA (Between groups) was performed to compare a significant difference in the internalizing score of children in post-test of the experimental and control groups. According to this Table, there is different mean score and standard deviation in post-experimental and post-control groups in terms of internalizing variable. \( (\text{Mean} = 12.41, \text{SD} = 5.27 \text{ in post-experimental group and Mean} = 20.90, \text{SD} = 7.34 \text{ in post-control group}) \). Also, it can be seen that there is a significant difference between post- experimental and post-control groups in terms of internalizing score of children. \( [F(2,84) = 6.15, p < .01, \eta^2 = 1.15] \). Also it can be said that the effect size \( d = 1.15 \) has very large effect size. Results indicate that there is a significant difference between the experimental and control group in post-test internalizing score.

**Table 2:** Repeated measure of ANOVA (Between groups) for Internalizing score of Post-Experimental and Post-Control groups.

<table>
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<tr>
<th>Test</th>
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<th>N</th>
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**Discussion:**

The findings of the present study emphasize the effect of child-parent relationship therapy (CPRT) on internalizing problems in children. This study, carried out among Iranian mothers in the Iranian context supports the findings of various researches which have shown the effect of CPRT on children’s behavior problems. There is also evidence in this study to indicate the effects of CPRT on children’s internalizing problems. Results of the present study were also similar to those from a study by Tew, et al., (2002) who determined the effectiveness of CPRT on parents who have chronically ill children. Also, Villarreal (2007) was of the view that parents who did not take part in CPRT exhibited significant decrease in internalizing symptoms. Results from this data are however, similar to the findings of Sheeley (2008) who reported that experimental and control groups after CPRT treatment showed significant improvement in internalizing problems. Also, Ceballos (2008) showed that after participation in CPRT treatment, pre- to post-test parents reported significant improvement in their children’s internalizing behavioral problems compared to children whose parents did not participate in CPRT. Reed (2009) demonstrated that significant difference in the Child Behavioral Checklist was identified with clinical behavioral problems after treatment with CPRT.

This training focuses on principles, aims, specific methods, and skills utilized in CPRT. In this training, parents need to be taught to understand their child’s needs rather than the child’s behavior. CPRT is focused on what the children are capable of and not on what the children has done. Also the focus of CPRT training is on equipping parents with the necessary skills to establish a special relationship with their children. The basis of this approach to parent training is that improving the parent’s relationship with a child will positively impact the underlying causes of the problematic behavior, which will in turn result in positive changes in the behavior. This belief in the child is grounded in developmentally appropriate boundaries that are established in such a way as to allow the child to develop inner control. The present study shows that when parents learn some basic rules, they are able to internalize the positive patterns, then the parent’s behavior will improve and children’s behavioral problems will be decreased or disappear. The CPRT training focuses on helping the parents to change the home environment and make it warm, with less unnecessary control, more shared responsibility, and free of stress. When parents are able to recognize these useful principles, they can support their children and control the home atmosphere without being too strict. These programs also can help and support children and also increase their capabilities to perform better in school. When such a situation exists, their teachers can focus on teaching instead of being distracted by involvement with children’s behavioral problems. These skills can be taught via different means such as workshops, seminars, conferences, publications, and training programs for parents to teach them the principles of CPRT.
Conclusion:
As with all other studies, this research has some limitations. In this research, the respondents were only mothers of children with behavioral problems, thus the results are limited by this factor. It is recommended that future studies be conducted with both parents together. Other possibilities include investigation of teacher reports or direct observations by therapists. This research was also limited to children in the 3rd, 4th, and 5th levels of primary school. Therefore it is limited to a particular generation and excludes other age ranges and grades of education. As such, it would be beneficial for future research to investigate the effects of CPRT on other levels of primary school and even pre-school children. Also, this study is a cross-sectional data study, and does not examine the long-term impact of training on parenting styles and also changes in children’s behavioral problems. It is recommended to use a longitudinal study to fully realize the impact of the training over time. For example, there could be a follow-up study to investigate the long term effect of treatment on parents and children’s behavior.

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REFERENCES


