Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): AT-A-GLANCE

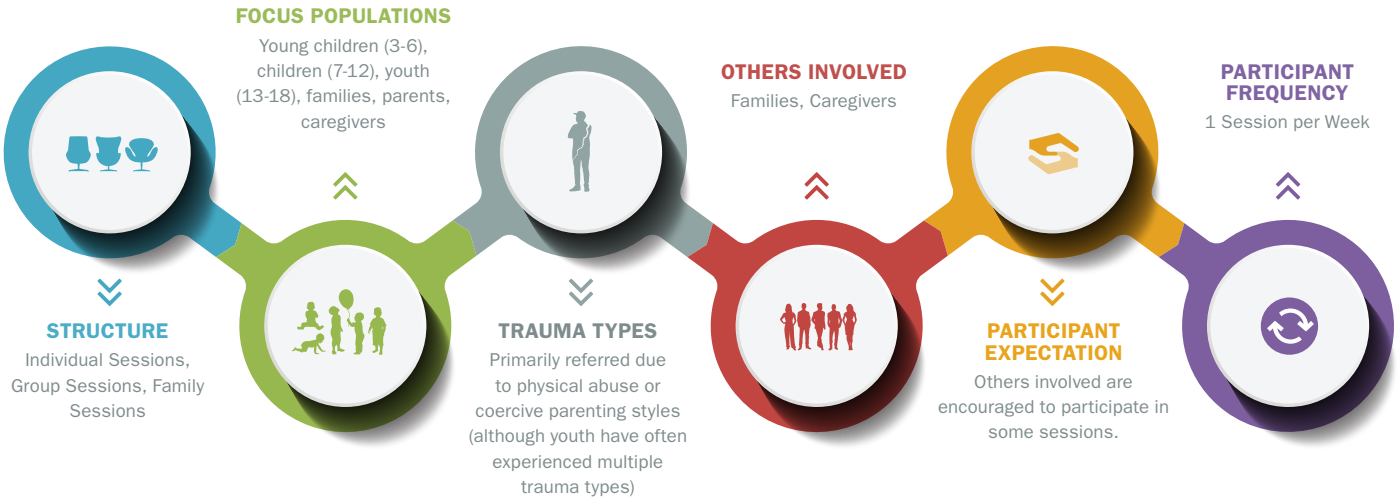
What is CPC-CBT?

CPC-CBT is a short-term, trauma-informed therapy model that addresses the needs of the caregiver(s) and youth, ages 3 to 17, in families who experience child physical abuse (CPA) or a range of coercive parenting strategies. CPC-CBT is not only an intervention for families where CPA has been substantiated, but is also a preventative model for cases where families are considered at-risk or using a range of coercive parenting strategies. Goals are to help youth heal from trauma, to assist caregivers in regulating their emotions, interacting with youth in a calm and supportive manner, and to use positive parenting strategies, and to enhance the overall safety of all family members. CPC-CBT therapists empower families to stop the cycle of intergenerational violence.

What are the goals of CPC-CBT?

In the simplest terms, CPC-CBT clinicians are helping parents to create positive family environments, to enjoy their children, and to enjoy being parents. Goals of CPC-CBT include engaging and empowering caregivers and youth, enhancing physical and psychological safety of youth in the family system, helping children heal from their traumatic, abusive experiences, empowering parents to regulate their emotions and remain calm while interacting with their children, empowering caregivers to effectively parent their children in a positive and non-coercive manner, strengthening parent-child relationships, and enhancing parental empathy for their children while enhancing the safety of all family members by reducing current and future violence.

What does CPC-CBT look like?



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Additional Information

CPC-CBT components offered across the four phases may include:

Phase 1: Engagement & Psychoeducation

- Engaging and motivating parents to change using engagement strategies, motivational Interviewing /consequence review, and individualized goal setting
- Providing violence psychoeducation
- Addressing parental history of trauma exposure including its impact on their relationships with their parents and their current parenting style

Phase 2: Effective Coping Skill Building

- Empowering parents and youth to be effective by working collaboratively with them to develop effective regulation and coping tools

Phase 3: Family Safety

- Developing family safety plans

Phase 4: Abuse Clarification

- Involves parent letter and youth trauma narrative

LOCATION:

Provided in a variety of locations (i.e., home, office, school, and community setting) or via telehealth.

What is the commitment?

CPC-CBT can be offered in either individual (90-minute sessions) or group (2-hour sessions) formats in 16-20 sessions across four phases: Engagement, Coping Skill Building, Family Safety, and Abuse Clarification. Involvement is required of the caregiver who engages in physical abuse or coercive parenting strategies, as well as the child who is the target of the abuse. The involvement of all family members is encouraged. Every session begins with the parent(s) and child(ren) meeting separately with the clinician and concludes with a family session involving the parent, child, and clinician together. The amount of time spent jointly with the parent, child, and clinician increases as therapy progresses. By the end of treatment, the majority of the session is spent jointly with parent, child, and clinician. Typically, the frequency of sessions is weekly. However, the model is flexible and can be tailored to families with the frequency being increased to 2 x weekly, if needed. Written assessment tools, interviews, and behavioral observations are used in assessment.

How do we know it works?

CPC-CBT has research evidence to support its benefits in hard-pressed child welfare and behavioral health treatment centers.

CPC-CBT was developed by Melissa Runyon, PhD, in collaboration with Esther Deblinger, PhD, and participating community members for youth and caregivers in families in which child physical abuse or coercive parenting is used. The majority of children, youth, and families involved in the development of this model identified as African-American, Bi-racial or Caucasian, lived in urban and suburban areas, and spoke English at home.

The CPC-CBT treatment manual (Runyon & Deblinger, 2014) has been officially translated and published in Swedish, Japanese, Finnish and Czech. The handouts associated with the model are available in all of the aforementioned languages as well as Spanish. It is important to note that while the model has been translated, implemented, and researched in Sweden, Japan and Finland, no adaptations, other than language, cultural concepts and cultural representation, have been made to the model.

For more information explore the next several pages or check out:

https://melissarunyon.com

CPC-CBT: THE EVIDENCE

What types of evidence are available for CPC-CBT?

- ❒ Evidence-based Treatment
- ❒ Pilot Study
- ❒ Quasi-experimental Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- California Clearinghouse
- CPC-CBT Developer Website
- Conceptual Paper of Evidence-based Model
- Pilot Study Examining CPC-CBT (US)
- NIMH Randomized Controlled Trial (US)
- Ethnocultural Factors in CPC-CBT
- Swedish Pilot Study (Sweden)
- Swedish Quasi-Experimental Design (Sweden)
- Youth Experiences and Satisfaction with CPC (Qualitative Study; Sweden)
- Successful Implementation of CPC-CBT within the Barnahus Model (a multi-disciplinary, interagency model for responding to child violence and witnesses of violence)
- Finnish Clinicians' Experiences Implementing CPC-CBT (Qualitative Study, Finland)

"2014 is my year to stop the cycle of violence in my family"
– Parent of an 11-year-old

"Having this sense of security that the parent won't beat you anymore."
– 14-year-old

"...He has sort of always pushed the problem on the children. ...but now he explained that what he did was wrong."
– Thulin et al., 2018

How is CPC-CBT measured in real time?

A trauma-informed assessment is conducted to determine if CPC is recommended, When CPC is initiated, a pre- and post-treatment assessment to identify treatment targets is required. At a minimum, this includes measures of child trauma symptoms, positive parenting skills, and coercive parenting tactics-both parent and child reports, as well as parental distress and children's behavioral problems.

What changes for the better as a result of CPC-CBT?

- Reduce children's posttraumatic stress disorder (PTSD) symptoms, depression, other internalizing symptoms, and behavior problems
- Improve parent's mood, parental coping skills, and positive parenting skills
- Increase parental empathy for children by enhancing insight into the impact of their parenting behavior on their children
- Increase positive parenting skills
- Reduce likelihood of future CPA

What do the numbers tell us (i.e., quantitative data)?

While outcomes vary across studies depending on variables/outcomes measured, studies examining CPC-CBT have consistently documented a significant reduction in the use of any physical punishment by parents. Other documented outcomes include reductions in children's PTSD, depressive symptoms and parent-reported behavior problems as well as improvements in parental depression, anger and positive parenting skills (as reported by parents, children or both).

What do the stories tell us (i.e., qualitative data)?

Youth described their CPC-CBT experience as positive. The final phase was described as transformational for family life. Sharing and processing their traumatic experiences and having their parent respond with a letter that directly addressed their feelings, worries and fears was perceived as very helpful. The importance of parental responsibility and empathy for the youth was emphasized.

CPC-CBT: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of CPC-CBT?**

  CPC-CBT was developed by Melissa Runyon, Ph.D. in collaboration with Esther Deblinger, Ph.D. A majority of youth and caregivers involved in the initial pilot study identified as being persons of color. They resided in the Northeastern US and spoke English or were bilingual in Spanish and English. Since the initial development, CPC-CBT has continued to evolve being implemented and/or researched with populations in the US, Sweden, Japan, Finland and Spanish-speaking populations. The CPC-CBT treatment manual and accompanying participant handouts have formally been translated and published in Swedish, Japanese, Finnish, and Czech. Participant handouts are also available in Spanish. Information about international efforts can be found at: (Finland) https://ensijaturvakotienliitto.fi/tapahtumat/lapsen-kaltoinkohtelun-katkaiseminen-lkk-koulutus-2025/ and (Sweden) https://allmannabarnhuset.se/wp-content/uploads/2022/09/implementing-and-evaluating-KIBB.pdf

- **How did CPC-CBT developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?**

  During the initial pilot of CPC-CBT, 75% of participating caregivers identified as persons of color. We requested anonymous feedback every 4 weeks (4x across treatment) from youth and caregivers related to their feelings, perceptions and suggestions to improve CPC to enhance safety, inclusiveness, representation, and utility of CPC-CBT for marginalized groups.

- **What is the role of CPC-CBT providers in tailoring the model for individuals, families, and communities?**

  CPC-CBT has been adapted in many cultural contexts (e.g., Sweden, Finland, Japan, Iceland). Across all contexts, the overall structure and phases of CPC has been maintained. In all contexts, providers and participating families have provided feedback to incorporate culturally relevant materials, language, and resources to enhance the model's relevance, representation and effectiveness.

- **How are lessons learned from individuals, families, communities and providers used to keep improving CPC-CBT?**

  In a quantitative study in Sweden where non-European, immigrant children were interviewed, they reported they would change nothing about the model. Another study documented positive perceptions of CPC among Swedish children as well. Consumer satisfaction surveys and research continues across cultural contexts to inform and improve the model.

- **Resources and materials are available:**

  - CPC-CBT manual is available in English, Swedish, Japanese, Finnish and Czech. Handouts only in Spanish. Materials were translated by professional translators and reviewed by professionals.
  - The treatment manual is available in written and digital formats.
  - Handouts are available in written, digital and verbal written formats.
  - The CPC-CBT training videos are available on Youtube where close captions can be used in 100's of languages.
  - CPC-CBT requires a private meeting space where the provider can meet with the parent(s) and child(ren) separately and together as a family.
  - For more information, visit Sweden: https://allmannabarnhuset.se/search/KIBB/?pt=page
    Finland: https://ensijaturvakotienliitto.fi

CPC-CBT: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE CPC-CBT

Provider prerequisites:
- Experience: Experience providing therapy to youth and families
- Education: Master's/above in MH; Motivational Interviewing
- Licensure: Licensed/supervised by licensed professional

Trained providers can:
- Deliver CPC-CBT
- Qualify for enhanced rates if available

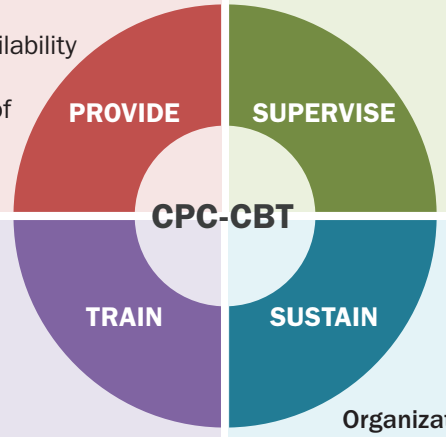
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through consultation
- Contact in advance for trainer availability
- Training videos, for each model phase, illustrate the application of techniques and strategies

TO SUPERVISE CPC-CBT

Supervisor prerequisites:
- Complete CPC-CBT Therapist training
- 4-6 families and supervisor trainings

Trained supervisors can:
- Supervise others in CPC-CBT
- Qualify for enhanced rates if available

Access for Supervisor Training:
- Through live training
- Through consultation
- Train-the-Supervsor Program
- Contact in advance for trainer availability



TO TRAIN CPC-CBT

Trainer prerequisites:
- Provider
- Delivered CPC-CBT to a total of 10 families
- Established the train-the-trainer process.

Approved trainers can:
- Train within their own organization
- Train locally
- Train nationally
- Train providers
- Charge for training

Access for Trainer Training:
- Through live in-person training
- Through live virtual training
- Through consultation
- Contact in advance for trainer availability

TO SUSTAIN CPC-CBT

Organization prerequisites:
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Regular meetings focused on sustaining CPC-CBT
- Support reporting back to trainer and/or developer

Organizations can:
- Clinicians receive completion certificates for therapist, supervisor, and training programs.
- Those completing train-the-trainer program can train new staff
- Enhanced rates offered in some states

Access for Organizational Readiness Supports:
- Virtual and in-person continuing education at cost
- Consultation for senior leaders
- Connection to other organizations using model, assessment resources for free

CPC-CBT: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE CPC-CBT

- **Training cost:** Individual rates are generally $700-$900 for participating in the 3-day in-person or 6-day virtual introductory training in CPC-CBT.
- **Time Commitment:** Starting with a pre-work meeting, introductory and advanced CPC-CBT trainings and 12 group consultation meetings, it can take 8-16 months to complete the entire therapist training program.
- **Additional Details:** It is recommended that clinicians have some training in Cognitive Behavioral Therapy and Motivational Interviewing prior to the CPC-CBT training. If clinicians are not licensed, it is recommended that they deliver CPC-CBT under a licensed supervisor.

SUPERVISE CPC-CBT

- **Training cost:** After completing the Therapist Training Program, participants are eligible to participate in the Train the Supervisor program. Costs may vary.
- **Time Commitment:** Supervisors may complete the program within 6-12 months.
- **Additional Details:** N/A

TRAIN CPC-CBT

- **Training cost:** For groups, the Train-the-Trainer Program costs approximately $6,000 for training and $2400 for 12 group consultation meetings. Individual rates are also available.
- **Time Commitment:** After completing the CPC-CBT Training program, clinicians are eligible to enroll in the CPC-CBT Train-the Trainer program which generally takes 8-12 months for most individuals to complete.
- **Additional Details:** Licensed mental health clinicians who complete the trainer program may offer the CPC-CBT Therapist training program to other professionals.

SUSTAIN CPC-CBT

- **Training cost:** Training costs depend on the package selected. The cost of an introductory training is $7500 (50-60 therapists)plus 12 1 hr group consultation meetings $200 x 12 =$2400 per group of 12 therapists. Advanced Trainings are $5000.
- **Time Commitment:** Starting with a pre-work meeting, introductory and advanced CPC-CBT trainings and 12 group consultation meetings, it can take 8-16 months to complete the entire therapist training program.
- **Additional Details:** Organizations should provide services to both caregivers and children in cases of suspected/ substantiated physical abuse or caregivers who engage in a continuum of coercive strategies. Contact developer for information about organizational readiness.

To learn more about providing, supervising, training, or sustaining, please see https://melissarunyon.com or email: MelissaRunyonphd@gmail.com

For additional resources and related products, please explore: https://academic.oup.com/book/1305/chapter/140268587

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