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PROMINENT INTERVENTION PROGRAMS IN CHILD-TO-PARENT VIOLENCE: DESCRIPTION OF AN INNOVATIVE PROGRAM FOR EARLY INTERVENTION

Izaskun Ibabe Erostarbe, Ainara Arnoso Martínez and Edurne Elgorriaga Astondoa
Universidad del País Vasco UPV/EHU

Los/as profesionales de la salud mental infanto-juvenil sugieren que el comportamiento violento de niños, niñas y adolescentes hacia sus padres o madres está aumentando, y las denuncias interpuestas por progenitores maltratados por hijos/as menores o jóvenes lo atestiguan tanto a nivel nacional como internacional. Un objetivo de este trabajo es realizar una revisión de programas de intervención de la violencia filio-parental o afines con evidencias de su eficacia, aunque el objetivo principal es la descripción del Programa de Intervención Precoz en Situaciones de Violencia Filio-Parental. Se han encontrado algunos programas de intervención para el tratamiento de la violencia filio-parental con propuestas protocolizadas, pero sin pruebas consistentes de su eficacia. El programa de intervención precoz que se presenta se desarrolla en formato grupal e incluye manuales detallados de los tres subprogramas que lo componen (adolescentes, progenitores y familias), y cuenta con algunas evidencias positivas.
Palabras clave: *Adolescente, Conflictos familiares, Programas de tratamiento, Trastorno de conducta, Violencia filio-parental, Eficacia del tratamiento.*

Professionals of child and youth mental healthcare suggest that violent behavior of children toward parents is increasing, according to complaints filed by abused parents of children of minor age or youths both in national and international contexts. An aim of this work is to carry out a review of the programs of intervention in child-to-parent violence or similar programs with evidence of their efficacy, although the main aim is the description of the Early Intervention Program in Child-to-Parent Violence Situations. A number of programs have been found of intervention treatment in child-to-parent violence that have proposals of detailed protocols, but they do not have consistent proof of their efficacy. The early intervention program is carried out in a group format and includes detailed manuals of the three subprograms that it comprises (adolescents, parents and families), and it provides some positive evidence.
Key words: *Adolescents, Family conflicts, Treatment programs, Behavior disorder, Child-to-parent violence, Treatment efficacy.*

The complaints filed by mothers and fathers mistreated by their children of minor age or youths have suffered a considerable increase in the last decade both nationally and internationally. For example, child-to-parent violence (CPV) has increased to 40% in the last two years according to the Asociación Filio de Málaga (Fernández, 2017). This has generated a growing interest at a social, clinical, and scientific level. Families that suffer child-to-parent violence require immediate intervention to reduce the family conflict and distress that exist. In addition, the appearance of behavioral problems in childhood and/or adolescence is considered a risk factor for violence and criminal behavior in adulthood, so violence prevention strategies aimed at children and adolescents (Farrington, 2003), as well as family programs, are considered priority interventions.

Scientific research on child-to-parent violence began approximately 60 years ago, but due to a diffuse body of literature and a lack of theoretical integration, it remains one of the least understood types of family violence (Simmons, McEwan, Purcell, & Ogloff, 2018). The definition of child-to-parent violence has not been fully agreed, which is why Pereira et al. (2017) have developed a practical definition eliminating some aspects that have presented difficulties in its evaluation, such as the intention to control parents that appears in the definitions of different experts (e.g., Cottrell, 2001). The approach of these authors includes repeated behaviors of physical, psychological or economic violence of children towards their parents or the people who take their place when the child has a relationship of dependency with respect to the parent.

Currently, professionals from different fields are constantly receiving requests for help related to adolescents or young

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Correspondence: Izaskun Ibabe Erostarbe. *Universidad del País Vasco UPV/EHU. Avda. de Tolosa, 70. 2018 Donostia-San Sebastián. España. E-mail: izaskun.ibabe@ehu.eus*

people who have been expelled from their educational center, who have problems with the law, and who practice acts of violence against their parents. The use of judicial means is another supportive resource from which to derive serious cases of child-to-parent violence. The existing experiences in the treatment of child-to-parent violence show that with generic resources or programs focused on the behavioral problems of adolescent children, parental competence and/or child-parent relations, efficacious results are not obtained. For all these reasons, one objective of this work is to present the results of a review of the intervention programs for the treatment and prevention of child-to-parent violence, from different areas of application (child protection, mental health, and the judicial field), with evidence of their efficacy. However, the main objective is the description of an innovative early intervention program called the Early Intervention Program in Child-to-parent Violence Situations (Ibabe, Arnoso, & Elgorriaga, in press), as well as some positive evidence of its efficacy. The urgent need to evaluate the intervention programs and publish their results justifies the presentation of some positive indications referring to this program. The description of the program includes the general objectives, the schedule, the specificities of the subprograms, and the evaluation design.

REVIEW OF INTERVENTION PROGRAMS FOR THE TREATMENT OF CPV

The development and the persistence of CPV are multi-causal and, like other types of family violence, require rigorous professional interventions. The search for effective treatment programs for adolescents or young people who exercise incipient, mild, or severe child-to-parent violence is a very relevant issue.

In the literature review of intervention programs for the treatment of child-to-parent violence, three areas of application (child protection, clinical, and judicial) are considered. To seek international programs ten databases were consulted for programs with empirical evidence of their efficacy and the databases that did not include published results were excluded (see Table 1). The keywords used for the search were *child to parent violence* and other similar terms *youth to parent violence, adolescent to parent violence, adolescent to parent abuse* and *adolescent violence towards parents*. Although the search did not yield any positive results, in the King County Superior Court database the program *Step up, Building Respectful Family Relationships* by Routt and Anderson (2004) was found, which presents some results of the program evaluation, but does not reach the category of evidence-based program. The search was also carried out in PsycINFO and PsycARTICLES using different terms for child-to-parent violence (*child to parent violence, adolescent to parent violence, parent abuse, violence towards parents, adolescent violence, juvenile offenders*) together with the term intervention (intervention, therapy, treatment), but no positive results were obtained. For the review of Spanish and European intervention programs, the

TABLE 1
US DATABASES OF EVIDENCE-BASED INTERVENTION PROGRAMS

Database	Area	Scope	URL
1. California Evidence-based Clearinghouse for Child Welfare	Child protection	USA	http://www.cebc4cw.org/
2. National Registry of Evidence-based Programs and Practices NREPP-SAMSHA	Substance abuse Mental health	USA	http://www.nrepp.samhsa.gov/
3. Blueprints for Youth Development of the Center for the Study and Prevention of Violence CSPV	Youth development and health	USA	http://www.blueprintsprograms.com/
4. National Institute of Justice. Strengthen Science, Advance Justice	Gender violenceDelinquency	USA	https://www.crimesolutions.gov/advsearch.aspx
5. Office of Juvenile Justice and Delinquency Prevention OJJDP	Juvenile delinquency	USA	http:// www.ojjdp.gov/
6. King County Superior Court	Juvenile justice	USA	https://www.kingcounty.gov/courts/superior-court/juvenile/art-fft-mst.aspx
7. Agency for Healthcare Research and Quality	Clinical practice	USA	http://www.ahrq.gov/
8. American Psychological Association	Evidence-Based Treatment	USA	http://www.clinicalchildpsychology.org/
9. Biblioteca Cochrane Plus	Healthcare	Spain and Latin America	http://www.update-software.com/Clibplus/Clibplus.asp
10. National Institute for Health and Clinical Evidence	Clinical practice	England and Wales	http://www.nice.org.uk

following quality indicators have been taken into account, such as the professional and/or research experience of the authors in this type of violence, a good level of protocolization of the program (general and specific objectives, planning and description of sessions and activities), that the program has been evaluated and confirms positive results or at least is in the process of evaluation, as well as the accessibility of the materials to be able to evaluate them. To do this, a search was conducted through Google Scholar using the terms in English and Spanish (*violencia ascendente* [ascending violence] was added, which is used in the judicial field), and the intervention programs were selected based on the existence of detailed protocols and evidence of their efficacy or that they are in the process of being evaluated. Finally, a search was made in Psicodoc to identify Spain-based programs and three publications were found on the subject of reviewing intervention programs (Aroca, Bellver, & Alba, 2013; Gesteira, González-Álvarez, Fernández-Arias, & García-Vera, 2009; Jaureguizar & Ibabe, 2014). The search strategies were carried out between March and May 2018.

Due to the social and scientific interest in child-to-parent violence that has arisen especially in the last decade, the result of the search was fruitful in terms of the number of intervention programs nationally and internationally. However, programs whose treatment manuals are not very detailed were excluded directly, because they do not allow us to know which techniques and processes are involved in the change, and they do not allow replication, a basic characteristic of scientific research. For example, the theoretical orientation, the general objectives of the program (which almost always coincide) and its general outlines are not considered to be sufficient information about a program. In addition, there has been a lack of evidence-based intervention programs on child-to-parent violence, although some programs have shown some evidence of their efficacy.

The six selected CPV treatment programs are found in Table 2. Currently none of them can be called an evidence-based

TABLE 2
CHILD-TO-PARENT VIOLENCE INTERVENTION PROGRAMS WITH DETAILED PROTOCOLS

Intervention program	Population	Field	Assessment	Country	Objectives
Step up -Building Respectful Family Relationships- (Anderson & Routt, 2004) King County Superior Court	Sons/daughters (14-18 years) Parents	Judicial	Less CPV and recidivism after 12 and 18 months	USA	To learn skills, alternating joint and separate work for adolescents and parents
Break4Change Programme Responding to Child to Parent Violence (Break4Change Association, 2015)	Sons/daughters (11-18 years) Parents/ Guardians	Judicial Clinical	No	United Kingdom	To define acceptable limits for children Frustration control in children Emotional support for parents Communication skills for parents
Nonviolent resistance parenting programme Responding to Child to Parent Violence (Coogan & Lauster, 2015)	Parents/ Guardians	Judicial Clinical	No	United Kingdom Israel	To promote a change in parent-child relationships To encourage a change in the parent's behavior and increase their positive presence in the life of their child
Tratamiento educativo y terapéutico por maltrato ascendente [Educational and therapeutic treatment for child-to-parent violence] (González-Álvarez et al., 2013)	Sons/daughters (14-18 years) Parents Family	Judicial	No	Spain	To deal with everyday situations without violence
Intervención con Familias y Menores con Conductas de Maltrato [Intervention with Families and Minors with Abusive Behavior] Colonia San Vicente Ferrer (Sánchez, Ridaura & Arias, 2010)	Sons/daughters (14-18 years) Parents Family	Judicial	48 families 93% improvement	Spain	Problem-solving, self-control Responsibility, belief modification and communication skills
Intervención Precoz en VFP [Early intervention in Child-to-Parent Violence] (Ibabe, Arnoso & Elgorriaga, in press) (Ibabe, Arnoso, Elgorriaga & Alsa, 2017)	Sons/daughters (12-18 years) Parents Family	Clinical Child protection	Less Child-to-Parent Violence and depressive symptomatology Post-test<Pre-test	Spain	To improve parent-child relationships, decreasing the violent behavior of all members of the family

program, although a number of them present some evidence of their efficacy. The proposed intervention models involve the participation of all members of the family (parents, children, and family), except the *Nonviolent Resistance Parenting Programme*, which is only aimed at parents. The selected treatment programs have a psycho-educational and/or cognitive-behavioral orientation. Psychodynamic counseling and systemic counseling therapies are excluded, because they do not fulfill the requirement of being a structured procedure with a formal manual or empirical evidence of their efficacy. One of the most noteworthy programs at North American level is *Step Up* (Routt & Anderson, 2004), which has been adapted and applied in different countries. At the European level, the *Responding to Child to Parent Violence* project includes the Break4Change Programme (Break4Change Association, 2015) and the Nonviolent Resistance Programme (Coogan & Lauster, 2015).

These intervention programs highlight the importance of breaking the isolation of affected mothers and fathers, as well as offering guidelines for action at different levels (safety in the home, referral to specific programs, and effective educational guidelines for risk situations) to deal with conflict situations in relationships with their children.

REVIEW OF EVIDENCE-BASED INTERVENTION PROGRAMS RELATED TO CPV

As there are no evidence-based intervention programs focused on the treatment of CPV, it would be interesting to review the programs centered on the adolescent stage aimed at behavioral problems and/or family relationships. Although these programs are focused on behavior problems of adolescents in general, they could be useful for the prevention of child-to-parent violence. To perform the search the English terms behavioral problems/disorders, parent-child interaction and family relationships were used in the databases in Table 1. Once the search was carried out, programs that did not qualify as efficacious or probably efficacious were discarded. Although there are numerous efficacious programs targeting children who engage in aggressive behavior (Eyberg, Nelson, & Beggs, 2008), there are very few efficacious programs focusing on violent adolescents (Caldwell & Van Rybroeck, 2013).

Table 3 shows a selection of four efficacious or probably efficacious programs for adolescents and their families. Three of the selected programs involve both parents and children. The most interesting programs due to the empirical evidence of their efficacy are *Multisystemic Therapy* for early intervention in the judicial field and *LifeSkills Training* aimed at the general population.

TABLE 3
GENERIC EVIDENCE-BASED FAMILY VIOLENCE PROGRAMS OF PRIMARY OR SECONDARY PREVENTION

Intervention program	**Population**	**Field/Database/ Qualification***	**Objectives/Theoretical model/**Program outcomes
Systematic Training for Effective Parenting (STEP) (Dinkmeyer & Dinkmeyer, 1998)	Sons/daughters (0-17 years) Parents	Child protection **NREPP: 2** **CEBEC: 3**	To promote responsibility, independence and competence in children Training for parents in positive parenting styles To improve communication between parents and children *Multi-component* Family cohesion General functioning Wellbeing
Strengthening Families Program SFP 10-14 (Kumpfer, Molgaard, & Spoth, 1996)	Sons/daughters (10-14 years) Parents	Universal Selective **CEBEC: 6** **BLUEPRINTS: 3**	To reduce risk factors for behavioral, emotional, academic and social problems of the children *Bio-psycho-social vulnerability model* Social competence and disruptive behavior disorder Consumption of legal and illegal drugs Violent and antisocial behaviors Internalizing symptoms Positive parent-child relationships
Multisystemic Therapy (MST) (Henggeler, Melton, & Smith, 1992)	Sons/daughters (13-17 years) Parents	Early intervention Judicial **NREPP: 2** **CEBEC: 1** **BLUEPRINTS: 1**	To improve the functioning of the adolescent in the family environment, school and community *Ecological model* Externalizing: violence, behavior problems, criminal behavior, drug use. Internalizing, mental health Pro-social behavior with peers Positive parent-child relationships
LifeSkills Training LST (Botvin, 1996)	Sons/daughters (12-14 years)	Universal prevention **BLUEPRINTS: 1**	Prevent violence, substance use, and criminal behavior *Cognitive behavioral model* Criminal behavior, legal and illegal drugs, risky sexual behavior

* Program rating based on the efficacy it has shown. **CEBEC**: 1 (Efficacious) - 6 (Not conclusive); **NREPP**: 1 (Efficacious) - 4 (Not conclusive) **BLUEPRINTS**: 1 (Model Plus), 2 (Model), 3 (Promising), 4 (Inefficacious) and 5 (Not conclusive).

EARLY INTERVENTION PROGRAM FOR CHILD-TO-PARENT VIOLENCE

The Early Parental Intervention Program for Child-to-Parent Violence has integrated relevant aspects of *Step Up-Building Respectful Family Relationships*- (Routt & Anderson, 2004) and *Tratamiento Educativo y Terapéutico por Maltrato Ascendente* [*Educational and Therapeutic Treatment for Child-to-Parent Violence*] (González-Álvarez et al., 2013). This program has detailed protocols for each session so that any professional with a background in clinical psychology can implement the program. It also has workbooks for parents and adolescents, so they can perform certain activities in the sessions and as a reference material on aspects worked on in the program. The corresponding manuals will be published shortly by Vitoria-Gasteiz City Council on its official website.

This is a psycho-educational program with a cognitive-behavioral approach in groups (5-10 participants) that considers systemic family therapy counselling in a family intervention, including diagnosis of the relational system. The target population are members of families whose children are between 12 and 18 years old and whose main problem is child-to-parent violence behaviors. This program includes three subprograms (Adolescents, Parents, and Families) with 35 sessions in total, according to the schedule in Table 4. The adolescents and the parents have a separate space for learning skills and strategies, sharing experiences with people who are in similar situations. Subsequently, the participants put into practice the skills learned in their family context under the supervision of a professional.

TABLE 4
SCHEDULE OF THE DEVELOPMENT OF THE PROGRAM

Week	Module	Adolescents Subprogram (16 sessions)	Families Subprogram (8 sessions)	Parents Subprogram (11 sessions)
1			F1	
2	1		F2	
3		A1		P1
4		A2		P2
5		A3		P3
6	2	A4		P4
7			F3	
8		A5		P5
9	3	A6		P6
10		A7		
11		A8		P7
12	4	A9		
13		A10		
14		A11		P8
15		A12		P9
16	5	A13		P10
17		A14		
18			F4	
19		A15		P11
20		A16		
21			F5	
22	6		F6	
23			F7	
24			F8	

The general objectives of the program are to reduce child-to-parent violence behaviors and increase respectful and prosocial behaviors, as well as to improve parent-child relationships, establishing adequate alternative strategies for the resolution of conflicts in family interactions. Although all the sessions are different, all of them include three interesting strategies: Check-in, My Weekly Goal and Review of the Period.

The *Check-in* consists of noting the violent or inappropriate behaviors (Circle of abuse) and respectful and prosocial behaviors (Circle of respect) referring to the last week in a specific form considering the differential context of parents and children. Among the categories of the Circle of Abuse are Physical Abuse, Emotional Abuse, Threatening and Bullying, Damaging and Destroying Property, Making Unreasonable Demands, Minimizing, Denying or Justifying Violence, and Betraying Trust. The use of this strategy with parents is novel. *My weekly goal* is an activity in which each participant sets a specific goal for the week with the supervision of the therapist, and in the next session he or she will have to report on the degree of compliance. An example of a mother's weekly goal was to *stay calm when my child is angry*, while the weekly goal of a child was *to argue less with my mother*. To the extent that this objective is met, the therapist will reinforce the participant to generalize this behavior and a new objective will be set. The use of this activity in all the subprograms is an innovative strategy, since Routt and Anderson (2004) use it only with adolescents. And the *Review of the Period* is a space reserved to talk about any parent-child conflict that has taken place since the last session and about the way in which the participants responded to these incidents.

The program has an evaluation design with pre- and post-treatment measures with a follow-up of six months. In each session apart from the evaluation of the process, there will be a follow-up of the Circle of Abuse and the Circle of Respect, of the quality of family relationships, as well as the degree of compliance with the weekly goal proposed by each participant.

ADOLESCENTS SUBPROGRAM

Table 5 presents a brief description of each of the sessions of this subprogram. The general objective is to reduce or eliminate behavioral problems in the homes of adolescents, in order to prevent physical child-to-parent violence or serious psycho-emotional violence in the future.

SUBPROGRAM FOR PARENTS

Table 6 presents a brief description of each session of the subprogram. The objective is for parents to acquire skills that help them to reestablish authority with their children and

promote the adaptive management of conflicting behaviors in the family.

SUBPROGRAM FOR FAMILIES

In this subprogram, the sessions are single-family and, if possible, siblings are included. The main objective is to promote positive interrelations between parents and children to create a family atmosphere based on respect and affection that involves greater family cohesion, through developing the corresponding sessions (Table 7).

CONTEXT OF THE IMPLEMENTATION OF THE PROGRAM

A pilot study was carried out with 23 families, with a pre-post design with parents (n = 31) and their children (n = 23). The authors of this study designed the program and directed the evaluation of the effects of the program of intervention. However, the intervention was carried out by five therapists and a coordinator belonging to the entity IPACE Psicología Aplicada [IPACE Applied Psychology] hired by the City Council of Vitoria-Gasteiz for the implementation of the intervention program. The selection of families participating in the program was made by

TABLE 5
DESCRIPTION OF EACH SESSION OF THE ADOLESCENTS SUBPROGRAM

A1. My family relationships The adolescents may become aware that all the members of the group have some type of family conflict. In addition, they are offered the opportunity to think about the positive aspects and strengths of each member of their own family. This involves identifying the behaviors that strengthen family relationships and those that destroy them.
A2. Planning of objectives and assuming responsibilities The objectives-planning exercise is carried out to teach the adolescent to establish objectives for the change of behavior and the necessary steps to follow. The adolescent will learn to set a goal to work on during the week related to their problems (*My weekly goal*).
A3. Functioning of violence The concept of violence and its consequences will be explained, in order to help the adolescents to identify the different types of violence, to reflect on how violent and abusive behaviors have an effect on their lives. Recognizing the results and consequences of violent behaviors is an important step towards choosing alternative behaviors.
A4. Violence and drug use In order to prevent the consumption of substances or reduce their consumption, different activities that encourage reflection are carried out. It is intended that they understand that the consumption of substances is incompatible with good family relationships and good academic performance, in addition to the risks to their physical and mental health.
A5. Negative automatic thoughts and their relation to violence It is intended that adolescents learn to distinguish and perceive the characteristics of negative automatic thoughts and especially their automatic and unfounded nature. Related activities are offered that affect the origin of thoughts and how they trigger emotions and behaviors.
A6. Tools to question negative automatic thoughts and generate alternative thoughts First, the role of negative thoughts in how one feels and how situations deemed hostile are resolved is analyzed. Subsequently, strategies are developed to question and modify negative thoughts.
A7. Beliefs that justify violence and alternative beliefs The objective is to favor the processes of identification of the main erroneous beliefs that help to justify violence and situations of anger. Alternative beliefs to the justification of violence are presented, such as, for example, "violence is a choice".
A8. Recognition of your own and others' emotions The objective is for the participants to identify and recognize their own and others' emotions. Through a series of activities in which situations and associated emotions arise, the participants have to relate thoughts and behaviors associated with those emotions.
A9. Understanding anger and hostility The objective is to identify the anger and hostility to understand what kind of strategy should be used to control them and thus, reduce the possibility of the appearance of disrespectful or conflicting behaviors. The *traffic lights metaphor* is used to classify the intensity of the anger, and anger management strategies are presented.
A10. Anxiety and its influence on violence The objective is to identify the signs and factors that facilitate anxiety and develop strategies to reduce it, and its relationship with bad behavior. An activity is developed to recognize the symptoms of anxiety and others related to the control of anxiety through different types of relaxation.
A11. Development of empathy Bearing in mind that empathy works as an inhibitor of anger, and consequently as a protective factor in conflict situations, this session exposes the concept of empathy and promotes the development of empathic responses through role-playing.
A12. Communication skills for conflict management Conflicts are part of the lives of all people and an adequate strategy for solving conflicts is good communication. Different communication skills will be explained, through an activity, for coping with situations of daily life: how to give or receive criticism, how to request things, how to say no, and how to express positive feelings.
A13. Problem solving The participants learn to identify a problematic situation in the family context and put into practice the Problem-Solving Technique. In practical activities, each adolescent works on a problem or conflict in his or her family environment.
A14. Healthy dating relationships Adolescents learn to identify unhealthy relationships that are characterized by the control that one member of the couple imposes on the other. Activities are carried out on conflicting situations in healthy and unhealthy relationships.
A15. A new story to tell The awareness of the changes made by the adolescents throughout the program is favored, the learning of strategies to prevent relapses by detecting the signs of risk and to cope in case of a relapse.
A16. A new identity The objective is to describe to oneself the process experienced in the relationship with their father/mother as a stage in the life history, and to be prepared to deal successfully with the risk situations that may arise in the future.

TABLE 6
DESCRIPTION OF EACH SESSION OF THE PARENT SUBPROGRAM

P1. Strengths and challenges as parents The participants have the opportunity to build the necessary space of trust to establish supportive relationships. An activity is carried out in which the participants have to reflect on the strengths, challenges and positive changes they would like to achieve.
P2. Planning objectives An important idea is that your behavior can influence your child's behavior. The parents identify what they want to change in themselves and learn to set a goal on which to work during the week in relation to their family problem (*My weekly goal*).
P3. Understanding and responding to violence Identifying the different types of violence and their consequences are the most important objectives. An activity is developed aimed at creating a safety plan for the family home, to avoid hurting family members in a violent incident.
P4. Violence and drug use Since the perception of risk is a relevant variable in explaining the use or non-use of a psychoactive substance, the idea of risk associated with drug use will be promoted and resources will be offered to prevent it. Through different activities participants are encouraged to reflect on the warning signs and on how to talk with their child about drugs.
P5. Negative automatic thoughts and their relation to violence The goal is for parents to understand the importance of negative automatic thoughts in emotions and behaviors. There are activities that emphasize the origin of thoughts and how thoughts trigger emotions and behaviors, especially thoughts related to anger and hostility.
P6. Identification of thoughts and their modification Erroneous beliefs are identified for the comprehension of automatic thoughts. Through various activities, reflection is encouraged on alternative ways of thinking and acting based on the modification of the interpretation of conflict situations with one's child.
P7. Emotions and their relation to violent thoughts and behaviors Identification strategies of one's own and other people's emotions are exposed, as well as those of emotional expression and control. Participants also reflect on how to stop the escalation of violence and commence training in anger management techniques (Traffic Light Technique).
P8. Development of the empathic response Empathy works as an inhibitor of anger, and is a protective factor of violence in conflict situations. Through role-playing parents learn to put empathy into practice in their relationship with their child.
P9. Training in communication and validation skills The basis for effective communication between parents and children is presented, and appropriate techniques are put into practice such as assertive communication, giving criticism, or the validation technique.
P10. Training in problem solving It is proposed to normalize the problems to begin to face them in a realistic and active way. Different strategies are implemented to solve problems in the family environment.
P11. Consolidation of changes and narration of personal history Participants reflect on what has worked well in the parent-child relationship, making visible the changes and advances made. Each parent gives an account of their personal history and their expectations regarding the near future.

TABLE 7
DESCRIPTION OF EACH SESSION OF THE FAMILIES SUBPROGRAM

F1. Presentation of the program (multifamily) The program is presented to all the families together and the objectives of the program and the basic rules of operation in two different groups (adolescent children and parents).
F2. Diagnosis of the family relational system The idea is instilled that to solve a family problem the participation of all members is necessary. In this session the therapist establishes an initial diagnosis of the relational system.
F3. Take a time out Participants learn how to use the time out strategy to defuse difficult situations, and how to break power struggles. A family time out plan is designed with everyone's agreement.
F4. Solving family problems The solution of intrafamilial and extrafamilial conflicts is proposed supporting and taking into account the rest of the family members. To this end, problem-solving techniques are implemented jointly and solutions for discussing a difficult topic are provided.
F5. Assertive communication and limits in the family context Participants reflect on the different ways of communicating in the family context and the positive and negative consequences of each one. The foundations for assertive communication in the family and the norms of coexistence are established.
F6. Changes and reparation in the family context Each person reflects on the learning and changes made during the development of the program, on the damage caused and the way to repair it, as well as the aspects that they believe they must change, but have not yet begun.
F7. Positive and negative emotions in the family The adaptive functioning of the family is characterized by the open exchange of information about feelings and emotions. Through an activity, the aim is to identify and express different emotions that the members of the family feel towards the other members, analyzing the reasons for these feelings.
F8. What have we changed? First the participants reflect on the changes that the family has made together, and what remains to be done. Afterwards, the therapist summarizes the family's progress, encourages them to continue with the change and not to be discouraged if there is a fall or relapse.

the professionals of the Children and Family Services of the Vitoria-Gasteiz City Council.

VARIABLES AND INSTRUMENTS

To standardize the response format, a Likert scale of five points was used (1 = Never, 5 = Very often). The instruments were administered to both the parents and the children.

Child-to-parent violence (Adolescent Child-to-Parent Aggression Questionnaire, Calvete et al., 2013). This scale evaluates physical violence (4 items) and psychological violence (10 items) towards the parents (e.g., directed to the adolescents: I have insulted or used expletives to my father/my mother). In this study, the internal consistency of physical violence (α = 0.76) and psychological violence (α = 0.80) were acceptable.

Family conflict (Family Environment Scale, FES, Moos & Moos, 1981, Spanish adaptation by TEA Editions, 1984). The items of the family conflict subscale (degree in which anger, aggression and conflict between family members are freely and openly expressed) were selected (e.g., In our family we fight a lot). This subscale contains 9 items with a true/false response format. In this study, the internal consistency was acceptable (α = 0.78).

Empathy (Interpersonal Reactivity Index IRI, Davies, 1980, Spanish adaptation by Pérez-Albéniz, de Paúl, Etxeberria, Montes, & Torres, 2003). This scale measures four dimensions of empathy. However, in this study two dimensions were administered (Empathic Concern with 7 items and Perspective taking with 9 items). Empathic concern evaluates emotional empathy, or feelings of compassion for other people's feelings (e.g., I often have feelings of compassion and concern towards people less fortunate than myself), while Perspective Taking evaluates cognitive empathy or the tendency to see the world from the point of view of others (e.g., Sometimes I try to understand my friends better, imagining how they see things from their perspective). The internal consistency in this study was appropriate (α = 0.65).

Depressive symptomatology (Brief Symptom Inventory, BSI-18, Derogatis, 2001, Children's Depression Scale, CDS, Lang, & Tisher, 2014). In the case of the parents, the depressive symptomatology was assessed through the BSI-18 with 18 items, while in the case of the adolescents the CDS (affective response, social problems, and self-esteem) was used with 24 items (e.g., I often feel lonely). The BSI-18 has been developed to measure the most prevalent psychopathological symptoms in the clinical context, healthcare and the general population. Originally the BSI-18 had three factors: somatization (e.g., fainting or dizziness), depression (e.g., lack of interest in things), and anxiety (e.g., feeling tense and nervous). The global severity index is calculated with the full scale taking into account the three factors. In this study, the internal consistency of BSI-18 (α = 0.93) and CDS (α = 0.95) were excellent.

PRELIMINARY RESULTS

Table 8 presents the preliminary results of the program evaluation. On the one hand, adolescents in the post-test condition showed lower levels of physical and psychological child-to-parent violence, according to the opinion of their parents. And, on the other hand, all participants perceived a lower level of family conflict and depressive symptomatology after completing the early intervention program, as well as a higher level of empathy. With regard to the effect size, child-to-parent psychological violence, and family conflict had large effect sizes, while physical child-to-parent violence was moderate.

In addition, the analysis of two focus groups conducted with nine parents (seven mothers and two fathers) who completed the program, confirms that the program has helped them to generate a support network to break the isolation in which they previously found themselves: *"We have got support. Often you have no one to talk to about this. People do not understand what is happening and judge you without understanding you or the family unit."* (Mother 1); *"In the group we have learned many things and we have also learned from each other"* (Mother 2). In addition, the participants confirm that the program has offered them tools to know how to act in conflictive situations: *"It has helped me to know how far to go, how to act when children act badly..."* (Mother 2). Finally, the parents internalize the importance of responding respectfully in a conflictive situation: *"It has helped me to understand why adolescents behave in this way, and the consequences that certain behaviors of ours can have"* (Mother 1).

DISCUSSION

There are few intervention programs on child-to-parent violence that have a detailed protocol, and there is none that has sufficient scientific support to corroborate its efficacy in clinical practice. The treatment protocol (individual or group format) enables psychology professionals to apply the program after specific initial training. The result of the systematic review in different areas (child protection, mental health, and judicial) has

TABLE 8
COMPARISON OF PRE-TEST AND POST-TEST MEANS INCLUDING PARENTS AND CHILDREN AS PARTICIPANTS

Variables	Maximum Minimum	Pre-test	Post-test	*t*	Cohen *d*
Physical CPV[a]	1-5	1.98	1.33	4.48***	.71
Psychological CPV[a]	1-5	3.14	2.32	3.82**	.94
Family conflict	0-9	4.74	3.30	-2.35*	.94
Depressive symptomatology	1-5	2.21	1.83	3.56**	.46
Empathy	1-5	3.38	3.55	3.81***	.45

[a]: Estimation of child-to-parent violence from the point of view of the parents; ***: $p < ,001$; **: $p < ,01$; *: $p < ,05$

resulted in five intervention programs for the treatment of child-to-parent violence with protocolized proposals (*Tratamiento Educativo y Terapéutico por Maltrato Familiar Ascendente [Educational and Therapeutic Treatment for Child-to-Parent Abuse], Intervención con Familias y Menores con Conductas de Maltrato [Intervention with Families and Minors with Abusive Behavior], Break4Change, Nonviolent Resistance*, and *Step up*).

Systemic programs, although prevalent in the Spanish context, have not been included in the table corresponding to CPV treatment programs (Table 2), as since systemic family therapy is not considered a specific treatment to intervene in CPV situations, it does not include a detailed protocol for the intervention, at least not one that is accessible, nor does it have positive evidence of its efficacy for CPV cases with results of the evaluation published in scientific journals.

As the development and persistence of adolescents' aggressive behavior is a complex and multifactorial phenomenon, the programs that have demonstrated their efficacy in this population are multidimensional treatments (Caldwell & Van Rybroek, 2013). There are two programs considered to be related to CPV that are noteworthy due to the positive evidence regarding their efficacy, with the *Model Plus* category in the Blueprints database: Multisystemic Therapy and Life-Skills Training. It is considered relevant to include the children in the intervention program, although it is common that they do not recognize their responsibility in the violent behavior exercised towards their parents and they are often resistant (Ibabe et al., 2017).

In previous reviews of treatments for cases of child-to-parent violence (Aroca et al., 2013; Gesteira et al., 2009; Jaureguizar & Ibabe, 2014), no such exhaustive searches had been carried out, considering the broad number of databases of registered programs having evidence of their efficacy with different qualifications. Also, the inclusion criteria are clear in selecting programs that are not specific to CPV and that are registered in databases of evidence-based programs, since other programs could potentially have been selected. The objective was to show the programs whose evaluation results accredited the maximum score, and had positive outcomes with respect to parent-child relationships, the behavior problems of the adolescents, and parental competence.

The Early Intervention Program in situations of Child-to-Parent Violence is intensive (minimum six months) with three subprograms (adolescents, parents, and families) and some positive evidence as to its efficacy. The program could be promising if these results are confirmed later. Potentially this program could be applied to cases of incipient CPV or also for more serious cases. Also, only the subprogram of adolescents, parents, or families could be applied in isolation. The evaluation of this program is ongoing, and it is expected that the results derived from the evaluation will be published in the coming years. In the immediate future it would be desirable for public institutions to support the evaluation of new intervention programs for child-to-parent violence and the publication of the results, in order to continue advancing in the search for solutions to this family problem.

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CONFLICT OF INTERESTS

There is no conflict of interest.

REFERENCES

Aroca, C., Bellver, C., & Robles, J. (2013). Revisión de programas de intervención para el tratamiento de la violencia filo-parental. Una guía para la confección de un nuevo programa [Review of intervention programs for the treatment of child-to-parent violence. A guide for the preparing of a new program]. *Educación Siglo XXI, 16*, 281-304.

Asociación Break4Change (2015). *Programa Break4Change: Kit de herramientas [Break4Change Program: Toolkit.].* Proyecto Daphne [Project Daphne.]. Retrieved from https://www.justice.gov.uk/youth-justice/effective-practice-library/break-4-change

Botvin, G.J. (1996). *Life skills training: Promoting health and personal development.* Princeton, NJ: Princeton Health Press.

Caldwell, M., & Van Rybroek, G. (2013). Effective treatment programs for violent adolescents: Programmatic challenges and promising features. *Aggression and Violent Behavior, 18*, 571-578. doi:dx.doi.org/10.1016/j.avb.2013.06.004

Calvete, E., Gámez-Guadix, M., Orue, I., González-Diez, Z., Lopez de Arroyabe, … Borrajo, E. (2013). Brief report. The Adolescent Child-to-Parent Aggression Questionnaire: an examination of aggression against parents in Spanish adolescents. *Journal of Adolescence, 36*, 1077-1081.

Coogan, D., & Lauster, E. (2015). *Responding to child to parent violence.* Programa Daphne [Program Daphne]. Retrieved from http://www.rcpv.eu/90-manual-sobre-resistencia-no-violenta-dirigido-a-profesionales/file

Cottrell, B. (2001). *Parent abuse: The abuse of parents by their teenage children.* The Family Violence Prevention Unith Health: Canada.

Davis, M.H. (1980). A multidimensional approach to individual differences in empathy. *Catalog of Selected Documents in Psychology, 10*(85), 1-17.

Derogatis, L. (2001). BSI 18: *Brief Symptom Inventory 18: Administration, scoring, and procedure manual.* Minneapolis: NCS, Pearson, Inc.

Dinkmeyer, D.C., McKay, G.D., & Dinkmeyer, D. (1998). STEP, *Systematic training for effective parenting. Parents' guide.* Melbourne, Florida: Step Publishers.

Eyberg, S.M., Nelson, M.M., & Beggs, S.R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology, 37*, 215-237. doi: dx.doi.org/10.1080/15374410701820117

Farrington, D.P. (2003). Developmental and life-course criminology: Key theoretical and empirical issues. *Criminology, 41*, 221-225.

Fernández, M. (2017). Los casos de violencia de hijos a padres suben un 40% en dos años [Cases of child-to-parent violence rise 40% in two years]. *La Opinión de Málaga*. Retrieved on January 11, 2017 from http://www.laopiniondemalaga.es/malaga/2017/01/16/violencia-hijos-padres-dispara-aumentar/903001.html

Gesteira, C., González, M., Fernández, I., & García, M. (2009). Menores que agreden a sus padres. Fundamentación teórica de criterios para la creación y aplicación de tratamientos psicológicos eficaces [Minors who attack their parents. Theoretical foundation of criteria for the creation and application of effective psychological treatments]. *Psicopatología Clínica, Legal y Forense, 9*, 99-147.

González-Álvarez, M., García-Vera, M.P., Graña, J.L., Morón, N., Gesteria, C., … Zapardiel, A. (2013). *Tratamiento educativo y terapéutico por maltrato familiar ascendente [Educational and therapeutic treatment for child-to-parent family mistreatment]*. Agencia de la Comunidad de Madrid para la Reeducación y la Reinserción del Menor Infractor [Agency of the Community of Madrid for the Reeducation and the Reinsertion of the Minor Offender]. Retrieved from https://www.ucm.es/data/cont/docs/39-2014-02-10-Programa%20de%20tratamiento%20educativos%20y%20terap%C3%A9utico%20por%20maltrato%20familiar%20ascendente.pdf

Henggeler, S.W., Melton, G.B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology, 60*, 953-961. doi: dx.doi.org/10.1037/0022-006X.60.6.953

Ibabe, I., Arnoso, A., & Elgorriaga, E. (in press). *Programa de intervención precoz en situaciones violencia filio-parental [Early intervention program in child-to-parent violence situations]*. Vitoria: Ayuntamiento de Vitoria-Gasteiz [City Council of Vitoria-Gasteiz].

Ibabe, I., Arnoso, A., Elgorriaga, E., & Asla, N. (2017). *Programa de intervención precoz en situaciones de violencia filio-parental. Descripción y resultados preliminares [Early intervention program in situations of child-to-parent violence. Description and preliminary results]*. III Congreso Nacional de Psicología [III National Congress of Psychology]. Oviedo.

Jaureguizar, J., & Ibabe, I. (2014). Cuando los padres son las víctimas: Violencia filioparental [When the parents are the victims: Child-to-parent violence]. In J.M. Tamarit & N. Pereda (Eds.), *La respuesta de la victimología ante las nuevas formas de victimización [The response of victimology to new forms of victimization]* (pp. 37-62). Madrid: Edisofer.

Kumpfer, K.L., Molgaard, V., & Spoth, R. (1996). The strengthening families program for the prevention of delinquency and drug use. In R.D. Peters & R.J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 241-267). Thousand Oaks, CA: Sage Publications. doi: dx.doi.org/10.4135/9781483327679.n11

Lang M., & Tisher M. (1983). *Children's Depression Scale (second research edition)*. Camberbell, Victoria, Australia: Australian Council for Educational Research.

Moos, R., & Moos, B. (1981). *Family Environment Scale. Manual*. Palo Alto, CA: Consulting Psychologist Press.

Pereira, R., Loinaz, I., Del Hoyo-Bilbao, J., Arrospide, J., Bertino, L., … Gutiérrez, M. (2017). Propuesta de definición de violencia filio-parental: Consenso de la Sociedad Española para el Estudio de la Violencia Filio-parental (SEVIFIP) [Proposal for a definition of child-to-parent violence: Consensus of the Spanish Society for the Study of Chid-to-Parent Violence (SEVIFIP)]. *Papeles del Psicólogo, 38*, 216-223. doi: doi.org/10.23923/pap.psicol2017.2839

Pérez-Albéniz, A., de Paúl, J., Etxeberría, J., Montes, M.P., & Torres, E. (2003). Adaptación del Interpersonal Reactivity Index (IRI) al español [Adaptation of the Interpersonal Reactivity Index (IRI) to Spanish]. *Psicothema, 15*(2), 267-272.

Routt, G., & Anderson, L. (2004). *Step up: Curriculum for teens who are violent at home*. Retrieved from https://www.kingcounty.gov/courts/superior-court/juvenile/step-up.aspx

Sánchez, J., Ridaura, M., & Arias, C. (2010). *Manual de intervención con familias y menores con conductas de maltrato [Manual for intervention with families and minors with abusive behavior]*. Valencia: Tirant Lo Blanch.

Simmons, M., McEwan, T., Purcell, R., & Ogloff, J. (2018). Sixty years of child-to-parent abuse research: What do we know and where do we go? *Aggression and Violent Behavior, 38*, 31-52. doi: 10.1016/j.avb.2017.11.001

TEA Ediciones (1984). *Escalas de clima social: Familia, trabajo, instituciones penitenciarias, centro escolar [Social Climate Scales: Family, work, penitentiary institutions, school]*. Madrid: TEA.