



Discussion Guide for Behavioral Health: **Child-Parent Psychotherapy**

Accompanies the Child-Parent Psychotherapy Lesson Video

Child-parent psychotherapy assists both the parent and the child to place a traumatic experience in perspective and restore trust and reciprocity in the relationship.

OVERVIEW

Child-parent psychotherapy (CPP) is an evidence-based intervention for working with young children who have experienced trauma resulting from maltreatment, exposure to domestic violence, exposure to community violence, or another type of traumatic event. CPP is a dyadic therapy including both the child and parent with a focus on healing the relationship and helping the child return to a positive developmental trajectory. The goals of the CPP intervention are to:

- Restore safety and trust
- Help parent learn that the child's behavior has meaning
- Support positive reciprocal interactions to build a strong attachment relationship
- Help heal a dysfunctional relationship

NEED FOR CPP INTERVENTION

Exposure to trauma can impact on a child's cognitive, social, and emotional development. Traumatic stress can also have a negative effect on parenting, making it more difficult for a parent to be emotionally available and respond appropriately to a child's distress. Attachment to a parent or caregiver is the main organizer of a child's response to danger and safety in the first years of life. Emotional and behavioral problems in infancy and early childhood are most effectively addressed in the context of positive, healing relationships. Child-parent psychotherapy assists both the parent and the child to place a traumatic experience in perspective and restore trust and reciprocity in the relationship.

POPULATION SERVED

Child-parent psychotherapy is an intervention designed to help young children from birth to six who have experienced at least one traumatic event resulting in difficulties in regulating emotions and behaviors, problems with attachment and/or mental health problems.

PROGRAM COMPONENTS

Child-parent psychotherapy works with the parent or caregiver and child to restore a sense of safety and trust and to increase behavioral and emotional regulation. The intervention is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Key components include a focus on safety, affect regulation, improving the child-caregiver relationship, understanding and normalizing trauma-related responses, and joint construction of a trauma narrative. The overall goal is to help the child return to a normal developmental trajectory. Intervention modalities include:

- Promotion of developmental progress through play, physical contact, and language. Developmental guidance to support the parent or caregiver
- Helping the parent with regulating biological rhythms, including supporting routines
- Modeling protective behaviors
- Interpretation linking the past to present experiences
- Supportive interventions including emotional support
- Concrete assistance, case management, crisis intervention



EVIDENCE OF EFFECTIVENESS

Studies of child parent psychotherapy have examined outcomes including children's attachment, symptoms of traumatic stress, and children's behavior problems. Results have shown the intervention effective in:

- Reducing child traumatic stress symptoms
- Increasing rates of secure attachment
- Decreasing likelihood of developing traumatic stress symptoms

Research has also shown the CPP intervention to be effective in reducing avoidant symptoms and post-traumatic stress disorder symptoms as well as increasing empathy. CPP is listed as an evidence-based practice by:

1. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).
2. The California Evidence-Based Clearinghouse as a "2 - Supported by Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available.

PROGRAM AND TRAINING REQUIREMENTS

Child-parent psychotherapy is provided by clinicians with a minimum of a master's degree who are licensed or licensable (under supervision). The recommended treatment intensity is weekly 1-hour sessions provided in a clinic setting or in the home.

Read the CPP manuals:

Lieberman, A. F. & Van Horn, P. (2005) "Don't Hit My Mommy," Washington, DC: Zero to Three.

Lieberman, A.F., Ghosh Ippen, C. & Van Horn, P. (2015). "Don't Hit My Mommy," 2nd edition, Washington, DC: Zero to Three.

Lieberman, A. F. & Van Horn, P. (2011), "Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma and Early Attachment," New York: Guilford Publishers.

Attend initial 3-day training

- Attend second training session—two days 6 months later.
- Attend third training session—two days 12 months later.
- Attend at least 75% of the consultation calls during the 18-month period (a minimum of 23 calls).
- Present at least two times during CPP consultation calls if group size allows.
- Therapists treat at least four CPP cases in the 18-month period. Supervisors treat at least two CPP cases in the 18-month period.
- Following assessment, provide 11 treatment sessions to at least one CPP case.
- Attend weekly CPP reflective supervision or consultation (either group or individual) in addition to the consultation calls included in the training, unless reasons for exceptions are discussed and approved by the developers.
- Complete fidelity measures and other outcome measures.

More information about NCTSN Learning Collaboratives and Learning Communities can be found at http://www.nctsn.org/nctsn/nav.do?pid=ctr_train_lc

To request training, please go to the CPP Facebook page and click on "Request Training": www.facebook.com/childparentpsychotherapy or email: cppttraining@ucsf.edu.

