OVERVIEW

Child-Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child’s mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors). Targets of the intervention include caregivers’ and children’s maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child’s mental health. For children exposed to trauma, caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and to identify and address traumatic triggers that generate dysregulated behaviors and affect. Treatment is generally conducted by a master’s or doctoral-level therapist and involves weekly hour-long sessions.

CPP with Preschoolers Exposed to Domestic Violence

Initial Findings


Sample Characteristics

**Children**

- Age: 3-5 years old ($M = 4.06; SD = 0.82$)
- Gender: 36 boys and 39 girls
- Trauma history:
  - All exposed to domestic violence
  - In addition, 46.7% experienced community violence,
  - 18.7% experienced physical abuse, 14.7% sexual abuse, and 4% both types of abuse

**Caregivers (all biological mothers)**

- Trauma history:
  - All exposed to domestic violence
  - Average number of stressful life events=12.36; range 2-26
  - As children, 48% witnessed domestic violence, 49% experienced physical abuse, 42% sexually molested, 44% experienced the sudden or traumatic death of someone close
- Education: average 12.51 years ($SD=3.96$)
- SES
  - Mean monthly income $1,817 ($SD = $1,460)
  - 23% of families on public assistance
  - 41% had incomes below the 2004 federal poverty level

Treatment Groups

Randomly assigned to

- CPP ($n = 42$)
Services in the community plus monthly case management (n = 33)
  - 22 mothers (73%) and 17 children (55%) received individual treatment

Attrition and Attendance

- **CPP Group**
  - Attrition: 14.3%
  - Attendance: averaged 32.09 CPP sessions (SD=15.20)

- **Comparison Group**
  - Attrition: 12%
  - Attendance:
    - 50% of mothers and 65% of children who received treatment, received 20+ sessions
    - One child had <5 sessions
    - One mother attended 5-10 sessions
    - The remaining mothers and children attended between 11-20 sessions

  - No difference between CPP and comparison group in terms of attrition

Outcome Measures

**Children**
- Structured Interview for Diagnostic Classification DC: 0-3 for Clinicians (DC: 0-3; Scheeringa et al., 1995).

**Mothers**
- Symptoms Checklist-90 Revised (SCL-90-R; Derogatis, 1994)
- Clinician Administered PTSD Scale (CAPS; Blake et al., 1990)

Outcomes:

- CPP children showed greater reductions in traumatic stress symptoms (d = .63).
- At posttest, significantly fewer children who received CPP met criteria for PTSD (6%) compared to comparison group children (36%); Rates of PTSD at intake were 50% for the CPP group and 39% for the comparison group.
- CPP children showed greater reductions in total behavior problems (d = .24)

- CPP mothers showed significantly greater reductions in avoidant symptomatology (d = .50).
6-month Follow-up

Sample Characteristics
Subset from sample described above (CPP with Preschoolers Exposed to Domestic Violence: Initial findings)

Children
- Age: 3-6 years old
- Gender: 22 boys and 28 girls
- Ethnicity: 38% mixed ethnicity (predominantly Latino/Caucasian), 28% Latino, 16% African American, 12% White, 4% Asian, and 2% of another ethnicity

Attrition
- Dyads lost to attrition did not differ from those who completed follow-up assessment on 12-month outcome variables
- CPP group
  - 2 dropped
  - 7 were treated before the inclusion of follow-up (not included in the follow-up study)
- Comparison group
  - 4 dropped
  - 1 removed from dataset (received CPP at another clinic)
  - 1 data were invalid (mother had postpartum psychosis)

Outcome Measures

Child

Mothers
- Symptoms Checklist-90 Revised (SCL-90-R; Derogatis, 1994)
- Clinician Administered PTSD Scale (CAPS; Blake et al., 1990)

Outcomes:
- CPP children showed greater reductions in total behavior problems (d = .41)
- CPP mothers showed significantly greater reductions in general distress (d=.38).
Preschoolers with 4+ Traumatic and Stressful Life Events

Sample Characteristics, Attrition, and Outcome Measures
Same as above: CPP with Preschoolers Exposed to Domestic Violence: Initial findings

Reanalysis of data from the randomized control trial to examine CPP treatment effectiveness by level of child exposure to traumatic and stressful life events (comparing those children with <4 traumatic stressful life events with those with four or more [4+] traumatic or stressful life events).

Outcomes:
- For children in the 4+ risk group, those who received CPP showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems compared to those in the comparison group.
- Children with <4 risks who received CPP showed greater improvements in symptoms of PTSD than those in the comparison group.
- Mothers of children with 4+ TSEs in the CPP group showed greater reductions in symptoms of PTSD and depression than those randomized to the comparison condition.

![Graphs showing outcomes](image-url)
Analyses of 6-month follow-up data suggest improvements were maintained for the high risk group.

Findings: Child Behavior Problems

CPP with Maltreated Preschoolers

Sample Characteristics
Children
Demographics were provided on children who completed the study. Initially 155 dyads were randomly assigned (see below), and 122 completed treatment.

- Age at intake (or baseline evaluation): 4 years old ($M = 48.18$ months, $SD = 6.88$)
- Gender: 68 (56%) boys and 54 girls (44%)
- Ethnicity: 76.2% ethnic minorities, predominantly African American (in the article, ethnicity is not specified)
- Trauma history:
  - All families in the maltreatment group had a documented history of maltreatment.
  - 60% of children experienced more than one form of maltreatment

Caregivers (all biological mothers)

- Trauma history – no data provided
- Education: by group CPP ($M=11.32$, $SD=1.91$); PHV ($M=11.22$; $SD=1.96$); CS ($M=11.53$; $SD=1.11$); NC ($M=12.11$; $SD=2.05$)
- SES
  - Average group income ranged from $16,700-$19,930

Treatment Groups
Randomly assigned to:

- CPP (n = 31) Note: In this study, CPP was called preschool-parent psychotherapy
- Psychoeducation home visitation; PHV (n=48)
- Community standard; CS (n=33)
- Also had a low-income normative comparison group; NC (n=43)

Attrition
Dyads lost to attrition did not differ from those who completed treatment

- CPP
  - Attrition (25.8%)
  - Attendance: 11.63 months ($SD=3.13$) and 32.39 sessions ($SD=12.42$)
- PVH
- Attrition (29.2%)
- Attendance: 13.32 months (SD=6.6) and 31.09 sessions (SD=14.30)

- CS
  - Attrition (9%)
  - Attendance
    - 13% of children received individual therapy. Average length of treatment was 9.3 months.
    - Of mothers, 23% received individual therapy, 3% family or marital counseling, and 10% support group or day treatment. Additionally, 17% received some type of parenting service. Average length of treatment was 5.8 months.

- NC: Attrition (18.6%)

**Outcome Measures**

MacArthur Story Stem Battery (MSSB; Bretherton, Oppenheim, Buchsbaum, Emde, & The MacArthur Narrative Group, 1990).

**Outcomes:**

- Children who received CPP had significantly greater reductions in negative self-representations compared to children in the other three groups (PVH, CS, and NC).

  ![Graph showing negative self-representations](image1)

- Children who received CPP showed significantly greater reductions in maladaptive maternal attributions compared to children in the NC group, with a trend for greater improvements compared to the CS group.

  ![Graph showing maladaptive maternal representations](image2)

- Children who received CPP showed significantly greater improvement in relationship expectations compared with children in the NC group with a trend for greater improvement than the PHV group.

  ![Graph showing mother-child relationship expectations](image3)
CPP with Maltreated Infants


**NOTE:** Cicchetti et al. (2011); Stronach et al. (2013); and Toth et al. (2015) are subsamples of the Cicchetti et al. (2006) study. Sample characteristics, treatment group, and attrition information are from Cicchetti et al. (2006).

**Sample Characteristics**

**Children**
- Age: Infants ($M = 13.31$ months, $SD = .81$)
- Gender:
  - 60 boys and 77 girls in maltreated sample
  - 28 boys and 24 girls in nonmaltreated sample
- Ethnicity: 60.3% African-American, 17.5% white, 5.8% Latino, 16.4% Biracial/Other
- Trauma history:
  - Recruited through a review of CPS records verifying infants were maltreated or living in maltreating families
  - 66.4% had directly experienced neglect or abuse
  - 33.6% living in families where their siblings had experienced abuse or neglect

**Caregivers (all biological mothers)**
- Age: 18-41 years ($M=26.87$, $SD=5.88$)
- Ethnicity: 53.9% African-American, 25.4% white, 12.2% Latino, 8.5% Biracial/Other
  - Trauma history: 90% of mothers reported at least one traumatic event; 34% met DSM-IV lifetime criteria for PTSD; Mothers in the maltreatment group reported significantly greater childhood history of physical, emotional, and sexual abuse than mothers in nonmaltreating families
  - Education: 41.8% had a high school education or less
  - SES: Average group income was $17,151, including welfare benefits

**Treatment Groups**
- 137 infants randomly assigned to:
  - CPP (n = 53) Note: In this study, CPP was called infant-parent psychotherapy
  - Psychoeducation parenting intervention; PPI (n=49)
  - Community standard; CS (n=35)
- Also had a low-income, nonmaltreating families comparison group; NC (n=52)

**Attrition**
- Dyads lost to attrition did not differ from those who completed treatment
- Attrition after initial randomization
  - 39.6% of CPP mothers
  - 51% of PPI mothers
- Initial attrition was high perhaps due to fact that families were not seeking treatment
- Attrition following engagement
  - Overall attrition 21.7%
  - Greatest attrition in CS group: 42.9%
No difference in attrition between CPP and PPI groups

- Attendance
  - CPP: 46.4 weeks and 2156 sessions
  - PPI: 49.4 weeks and 2538 sessions
  - No difference in attendance between CPP and PPI groups

Outcome Measures
- Strange Situation

Outcomes:
- At intake, CPP, PPI, and CS groups did not differ in attachment classifications
- At intake CPP, PPI, and CS groups were more likely to have children classified as disorganized than the NC group.
- CPP and PPI both were significantly more effective than the CS group in altering children's attachment classifications, with no difference in efficacy between the CPP and PPI groups.
  - CPP group: rate of secure attachment changed from intake (3.1%) to post (60.7%)
  - PPI group: rate of secure attachment changed from intake (0%) to post (54.5%)
  - CS group: no change in secure attachment from intake (0%) to post (1.9%)
- Similar results were found for rates of disorganized attachments, with greater improvements in the CPP and PPI groups compared to the CS group

Stronach et al., 2013
- One year follow-up after the completion of treatment showed sustained attachment security in maltreated children. See graphs above.

Cicchetti et al., 2011
Sample note: Subsample included 91 infants from maltreating families (43 boys and 48 girls) and 52 infants from non-maltreating families. CPP and PPI groups combined into a Maltreated Intervention Group (MI) due to no significant group differences at each time point.

Outcome Measure
Saliva samples collected at T1 (13 months old), T2 (mid intervention at 19 months old), T3 (post intervention at 26 months old), and T4 (1 year follow-up at 38 months old).

Outcomes
- No group differences at intake
- By 19 months
  - MI group indistinguishable from non-maltreated NC group
  - CS group evidenced progressively lower morning cortisol
Toth et al., 2015
Sample note: Subsample included 105 mothers identified for neglect (46 boys, 59 girls).

Outcome Measures
Mid morning cortisol samples and maternal parenting stress measure (Parenting Stress Index).

Outcomes
- Moms in PPI group showed decreased parenting related stress from intake to post-interention.
- Moms in CPP group showed decreased child related stress from intake to post-interention. There were no changes in basal cortisol in this group compared to increased basal cortisol in NC and CS groups, suggesting elevated physiological stress. Reductions in child-related stress by post-treatment predicted decrease in basal cortisol at follow-up.

CPP with Anxiously Attached Latino Infants

Sample Characteristics
Children
- Age: Infants aged 11-14 months (M = 13.31 months, SD = .81)
- Gender: 44% male
- Ethnicity: not specified, but all had Latina immigrant mothers
- Trauma history: not specified

Biological mothers
- Age: 21-39 years (M=25.08)
- Ethnicity: 100% Latina immigrants from Mexico or Central America who had been in the United States for less than five years (M=3.10 years)
- Language: All Spanish-speaking
- Trauma history: not specified, but mothers averaged 11.34 stressful events on the Life Events Inventory
- Education: Average 9.42 years of education
- SES: 71.4% of mothers were unemployed (35.4% of fathers were unemployed)

Treatment Groups
100 infants initially entered into study (7 dyads did not complete the initial assessment)
- Anxiously attached dyads (n=59) were randomly assigned to intervention or comparison group
  - CPP (n=34): Note: In this study, CPP was called infant-parent psychotherapy
  - Comparison group (n =25)
- Securely attached dyads formed a second control group (n=34)

Attrition
- Overall attrition for the study was 18% (including all 100 dyads who entered the study)
- Overall attrition of the 93 dyads who completed the initial intake assessment was 9%
- No difference in attrition between CPP and comparison group
  - CPP attrition: 3%
  - Comparison group attrition: 8%
  - Securely attached comparison group attrition: 12%

Outcome Measures
- Observational data gathered from coding of free play interactions
Outcomes at post-assessment:
- CPP toddlers scored lower than comparison group toddlers in avoidance, resistance, and anger and scored higher in partnership with mother.
- CPP mothers had higher scores in empathy and interactivity with children.
- CPP group did not differ from securely attached comparison group on any outcome measures.

CPP with Toddlers of Depressed Mothers

*NOTE:* Sample characteristics, treatment group, and attrition information are from Toth et al. (2006). Remaining studies utilized sub-samples for analyses.

**Children**
- Age: Toddlers (*M* = 20.34 months, *SD* = 2.50)
- Gender: 52.8% boys and 47.2% girls
- Ethnicity: not specified but most had Caucasian mothers
- Trauma history: not specified

**Biological mothers**
- Age: 22-41 years (*M* = 31.68, *SD* = 4.48)
- Ethnicity: predominantly Caucasian (92.9%)
- Trauma history: 25% of depressed mothers met DSM-IV lifetime criteria for PTSD
- Education: 54.5% were college graduates or had received advanced degrees
- Marital status: Majority married (87.9%)
- SES: 72.7% were ranked in the two highest SES levels (IV and V) based on Hollingshead’s four-factor index

**Treatment Groups**
- Entry criteria
  - Child approximately 20 months of age
  - Mother met DSM-III-R criteria for major depressive disorder occurring during child’s life (mothers meeting criteria for bipolar disorder were not retained)
- Originally recruited 130 depressed moms and 68 non-depressed moms
- Mothers with depression history randomly assigned to CPP (n=66) and comparison (n=64)

**Attrition**
- CPP: 30%
- Depressed comparison group: 16%
- No maternal depression control group: 6%
- Final sample CPP (n=46): comparison (n=54): non-depressed control (n=63)
Cicchetti, Toth, Manly, & Rogosch, 1999
Sample note: Subsample included 27 dyads assigned to CPP, 36 dyads in the no treatment comparison group, and 45 dyads where the mother had no current or past mental disorder.

**Outcome Measure:** Attachment Q-set
- At intake, CPP and comparison showed greater insecurity of attachment than nondepressed controls.
- At post, CPP children showed significant improvements in attachment security (74.1% CPP group rated secure compared to 52.8% of comparison group); no difference between CPP children and nondepressed controls in rate of insecure attachment. The pattern of stability versus change in attachment classification from pre- to post-intervention is shown by the graph on the right.

Cicchetti, Rogosch, & Toth, 2000
Sample note: Subsample included 43 dyads assigned to CPP, 54 dyads in the no treatment comparison group, and 61 dyads in the control group where the mother had no current or past mental disorder.

**Outcome Measure:** WPPSI-R
- At intake no difference between the three groups on cognitive scores
- At post, depressed comparison group showed significantly lower scores than the intervention group and the non-depressed controls
- At post, no difference between CPP group and nondepressed controls in cognitive scores.
- At post, children in the depressed comparison group whose mothers had a subsequent depressive episode (MDD) had the lowest cognitive scores
Toth, Rogosch, Manly, & Cicchetti, 2006

Outcome Measure: Strange Situation

- **At intake**
  - Few children of depressed moms found to be securely attached (CPP=16.7%, comparison=21.9%) compared to children of non-depressed mothers (55.9%)
  - Many children of depressed moms found to have disorganized attachment (CPP=37.9%, comparison=40.6%) compared to children of non-depressed mothers (19.1%)

- **At post**
  - Rate of secure attachment in CPP group increased significantly to a rate of 67.4% and declined slightly in depressed comparison group to a rate of 16.7%
  - Rate of disorganized attachment in CPP group decreased significantly to a rate of 10.9% and remained the same in the depressed comparison group at a rate of 40.6%

- The pattern of stability versus change in attachment classification from pre- to post-intervention is shown below

Peltz, Rogge, Rogosch, Cicchetti, & Toth, 2015

Sample note: Subsample included 159 two-parent heterosexual families – 59 in CPP group, 45 in depressive comparison group, 55 in non-depressed control group. 95% married for an average of 6.3 years (SD=4.4).
**Outcome Measures:** Beck Depression Inventory and Dyadic Adjustment Scale
- At intake, mothers in CPP group had significantly lower levels of marital satisfaction
- Over 3 years, higher satisfaction at intake predicted slower rate of decline
- CPP mothers reported slight increase in relationship satisfaction compared to depressed comparison and control groups

*Guild, Toth, Handley, Rogosch, & Cicchetti, 2017*
Sample note: When children with depressed mothers in the original sample were between 8 and 11 years old, final follow-up was conducted with 87 mother-child dyads (13% attrition from baseline). Of these dyads, 76 teachers also provided reports of peer relationships, resulting in a final sample size of 76.

**Outcome Measure:** Teacher Checklist of Peer Relationships
- There was a small (non-significant) effect of CPP group status on peer interactions at age 9.
- When considering CPP group and post-intervention attachment status together, children in the CPP group were more likely to show secure attachment; in turn, these children were more likely to have positive peer relationships at age 9 (mediation effect of attachment security on association between CPP and peer relationships)
Effectiveness and Adaptation Studies

◇ CPP with Culturally Diverse Children in Foster Care


Treatment Groups

Examined the implementation of three evidence-based treatments addressing traumatic stress symptoms within a wraparound foster care program in Illinois. The study involved a racially diverse group of children, approximately 46% of whom had experienced complex trauma. CPP was conducted with children under age 6. Trauma-focused cognitive behavioral therapy (TF-CBT) and Structured Psychotherapy for Adolescents Responding to Stress (SPARCS) were implemented with older children. Data are reported here for the CPP group.

Sample Characteristics

Children (subsample of children who received CPP)
- 65 children
- Age: 0-6 (M = 3.7, SD = 1.6)
- Attrition:
  - n = 14 (21.5%)
  - Attrition did not differ by treatment, age or race/ethnicity

Outcome Measures

Child and Adolescent Needs and Strengths
- Administered at intake, 6-month intervals, and post-treatment

Outcomes

- CPP universally effective across racial/ethnic subgroups
- Number of CPP sessions predicted improvement in traumatic stress symptoms
- Significant improvement
  - Black children: All 5 domains
  - Biracial children: 4 of 5 domains
  - Latino children: 3 of 5 domains
  - White Children: Life domain functioning
- CPP significantly reduced placement interruptions
CPP Adaptation: Perinatal CPP


**Sample Characteristics**
116 pregnant women identified by hospital social worker as feeling unsafe in their relationship with their partner
- Ethnicity: 86% Latina
- Age: 18-40 (M=27.48, SD=8.87)
- Gestation: Range 12-42 weeks (M=27.48)

**Treatment**
- Treatment begins during pregnancy and lasts until 6 months postpartum
- Promotes maternal self-care, attunement to child, responsiveness to infant’s signals
- Address potentially maladaptive maternal attributions and caregiving behaviors by exploring the link between attributions/behaviors and mother’s experience of current and past trauma
- During pregnancy, address woman’s experience of pregnancy; fantasies, fears, attributions, and hopes for unborn child
- 2-4 weeks after birth, begin dyadic mother-baby session to address experience of labor and delivery; perception of newborn; moment to moment mother-baby interactions
- Treatment strategies
- Psycho-education about infant development
- Impact of intimate partner violence on infant development
- Body-based and mindfulness promoting strategies
- Reflective developmental guidance
- Insight-oriented interpretation
- Concrete assistance
- Crisis intervention
- Average # treatment sessions: 27 (range 12-29)

**Attrition**
- Significantly associated with lower SES and depression. No associations with maternal age, gestational age, posttraumatic stress symptoms, maternal fetal attachment
Outcomes

- Treatment effects moderated by initial maternal fetal attachment
- Greater improvement in depression, posttraumatic stress symptoms, and child-rearing attitudes for those with low fetal attachment as compared to high fetal attachment

Dissemination of CPP in Israel


Sample Characteristics

- 39 senior clinicians and leaders in the field trained in CPP by Alicia Lieberman and Patricia Van Horn
  - Cohort 1: n=19
  - Cohort 2: n=20

Procedures

- Focus group (n=6 from cohort 1; 5 women, 1 men)
  - What brought you to this program?
  - What are the factors helping you to use CPP?
  - What factors are hindering your use of CPP?
  - How has the program affected you professionally?
- Cross-sectional survey (n=39)
  - # CPP cases treated
  - # treated using CPP informed treatment
  - Intent to use CPP
  - Amount of CPP supervision received

Outcomes

- What brought you to this program?
  - Work place needs – referrals for very young children with trauma
  - Learn something new
  - Desire to be a leader in dissemination of CPP
  - Working with trainers
- Factors facilitating use of CPP
  - Agency: openness and freedom to learn new treatments
  - Theoretical depth of CPP
  - Therapist’s prior experience with dyadic treatment
  - Training process: Instructors and the program
  - Evidence-based
- Factor hindering use of CPP
- Agency wariness of new practices
- Shifting from individual to dyadic therapy
- Clinical toll (too much work, felt lonely utilizing CPP, secondary trauma)
- Lack of ongoing supervision

How did the training program affect you professionally
- Increased knowledge and motivation to work with young children
- Increased knowledge and professional stance regarding importance of addressing effects of trauma on early childhood and parenting
- Increased empathic and understanding stance towards very difficult families
- Increased ability to grow professionally by disseminating CPP
- Principles of CPP are helpful in doing therapy beyond CPP

REFERENCE

Randomized Trials Conducted at the Child Trauma Research Program, University of California San Francisco

Randomized Trials Conducted at Mt. Hope Family Center, University of Rochester


Disseminating CP with Culturally Diverse Children in Foster Care


Disseminating CPP in Israel


Adapting CPP: Perinatal CPP


◈ EXTERNAL REVIEWS OF THE RESEARCH ON CPP

The following organizations have conducted independent reviews of the research on CPP, have listed CPP as an evidence-based practice, and have posted summaries on their websites.

• The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP): http://nrepp.samhsa.gov/ViewIntervention.aspx?id=194

• The California Evidence-Based Clearinghouse for Child Welfare: http://www.cebc4cw.org/program/child-parent-psychotherapy/


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