Child-Parent Psychotherapy

Research Overview

Chandra Ghosh Ippen, Ph.D.
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CPP Research Overview
Five Randomized Controlled Trials

With trauma-exposed children
1. Preschoolers exposed to domestic violence
2. Maltreated preschoolers
3. Infants from families with a history of maltreatment

With other populations of children
4. Anxiously attached infants of Latina immigrant mothers
5. Toddlers with depressed mothers
Effectiveness and Dissemination Studies

Effectiveness Studies
• CPP with Culturally Diverse Children in Foster Care
• Dissemination of CPP in Israel
• Dissemination of CPP in Sweden

Adaptations
• Perinatal CPP
Ethnically Diverse Families

Randomized Controlled Trials

- Preschoolers Exposed to DV
  - White 9%
  - Black 15%
  - Latino 28%
  - Mixed 39%

- Infants in Families with Maltreatment
  - White 25%
  - Black 54%
  - Latino 12%
  - Other 9%

Effectiveness Study

- Illinois wrap-around foster care program
  - Black 43%
  - Biracial 14%
  - Latino 18%

- Maltreated Preschoolers: 76.2% ethnic minority (predominantly Black)
- Anxiously attached infants: 100% immigrant Latina mothers
- Toddlers of Depressed Moms: 94.5% White
Presenting Concerns

- Child Maltreatment
- Domestic Violence
- Maternal Depression
Preventive Intervention and Outcome with Anxiously Attached Dyads

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LIEBERMAN, ALICIA F.; WESTON, DONNA R.; AND PAWL, JERE H. Preventive Intervention and Outcome with Anxiously Attached Dyads. CHILD DEVELOPMENT, 1991, 62, 199–209. Anxiously attached 12-month-olds and their mothers as assessed in the Strange Situation were randomly assigned to an intervention and a control group to test the hypothesis that infant-parent psychotherapy can improve quality of attachment and social-emotional functioning. Securely attached dyads comprised a second control group. Intervention lasted 1 year and ended when the child was 24 months. ANOVAs were used to compare the research groups at outcome. Intervention group toddlers were significantly lower than anxious controls in avoidance, resistance, and anger. They were significantly higher than anxious controls in partnership with mother. Intervention mothers had higher scores than anxious controls in empathy and interactivity with their children. There were no differences on the outcome measures between the intervention and the secure control groups. The groups did not differ in maternal child-rearing attitudes. Within the intervention group, level of therapeutic process was positively correlated with adaptive scores in child and mother outcome measures.
Improved Mother-Child Play Interactions (Observational Data)

CPP mothers vs. Comparison group mothers

↑ Empathic responsiveness
↑ Initiation

CPP infants vs. Comparison group infants

↑ Goal corrected partnership
↓ Anger
↓ Avoidance
↓ Resistance

Lieberman, Weston & Pawl, 1991
Preschoolers Exposed to Domestic Violence

Toward Evidence-Based Treatment: Child-Parent Psychotherapy with Preschoolers Exposed to Marital Violence

ALICIA D. LIEBERMAN, PH.D., PATRICK VAN HORN, L.C.S.W., & CHANDRA GHOSH OPENI, PH.D.

ABSTRACT

Objective: To evaluate the feasibility and efficacy of 6 months of child-parent psychotherapy (CPP) for preschoolers exposed to marital violence. Method: Preschool children (2-5 years old) exposed to ongoing marital violence were randomly assigned to 6 months of CPP (n=14) or a targeted parent education intervention (n=16). Results: Consistent with previous research, children exposed to marital violence showed elevated internalizing and externalizing symptoms. CPP reduced internalizing symptoms and improved parent-child interactions, although evidence for treatment effectiveness was mixed. The parent education intervention did not differ from a waitlist control group. Conclusions: CPP is feasible and acceptable for preschool children exposed to marital violence; however, further research is needed to determine the efficacy of the intervention.

Child-Parent Psychotherapy: 6-Month Follow-up of a Randomized Controlled Trial

ALICIA D. LIEBERMAN, PH.D., CHANDRA GHOSH OPENI, PH.D., & PATRICK VAN HORN, L.C.S.W.

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Findings: Reduced Child Trauma Symptoms

Child Traumatic Stress Symptoms

Group x Time: $F_{1,59} = 10.98, p < .001, d = .57$

Traumatic Stress Disorder Diagnosis

CPP

Pre: 50
Post: 6

CT-CM

Pre: 39
Post: 36

$t(32)=5.46^{***}$

$\chi^2_{1}(n = 61) = 8.43, p < .01, \Phi = .37$
Findings: Reduced Children’s Behavior Problems

Child Behavior Problems (CBCL) Pre to Post

Group x Time: $F_{1,61} = 5.77$, $p < .05$, $d = .24$

Child Behavior Problems (CBCL) Pre to Follow-Up

Group x Time: $F_{1,48} = 5.39$, $p < .05$, $d = .41$

Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006
Findings: Reduced Maternal Symptoms

Maternal PTSD Avoidance

Group x Time: $F_{1,47} = 5.12, p < .05, d = .38$

Maternal Global Symptoms

Group x Time: $F_{1,57} = 5.08, p < .05, d = .50$

Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006
Can Treatment Help Those at Highest Risk

Traumatic and stressful events in early childhood: Can treatment help those at highest risk?23

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Dysplastic
Post-traumatic stress

ABSTRACT

Objective: This study involved a news analysis of data from a randomized controlled trial to examine whether child-parent psychotherapy (CPP), empirically-based treatments focusing on the parent-child relationship to the vehicle for child improvement, is effective for children who experienced multiple traumatic and stressful life events (TSEs).

Methods: Participants comprised 75 preschool-aged children and their mothers referred to treatment following the child’s exposure to domestic violence. Diagnoses were randomly assigned to CPP or to a comparison group that received monthly, one-hour sessions plus referrals to a community service provider, and 6-month follow-up. Treatment effectiveness was examined by level of child TSEs risk exposure (44 risk versus 44 TSEs).

Results: For children in the 44 risk group, those who received CPP showed significantly greater improvements in PTSD and depression symptoms, if PTSD diagnosis, number of co-occurring diagnoses, and behavior problems compared to those in the comparison group. CPP children with 44 risk showed greater improvements in symptoms of PTSD than those in the comparison group. Mothers of children with 44 TSEs in the CPP group showed greater reductions in symptoms of PTSD and depression than those randomized to the comparison condition. Analyses of 6-month follow-up data suggest improvements were maintained for the high risk group.

Conclusions: The data provide evidence that CPP is effective in improving outcomes for children who experienced four or more TSEs and had positive effects for their mothers as well.

Practice Implications: Numerous studies show that exposure to childhood trauma and adversity has negative consequences for adult physical and mental health, yet few interventions have been specifically designed to address these consequences for children who experienced multiple TSEs. The findings suggest that including the parent as an integral part of the child’s treatment may be particularly effective in the treatment of young children exposed to multiple risks.

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Introduction

A large body of research shows that the experience of multiple traumatic and stressful events (TSEs) is linked to dysfunction both in childhood and later in life. Cumulative childhood TSEs have been linked to childhood behavior...
Can Treatment Help Those at Highest Risk?

- Same participants as Preschoolers Exposed to Domestic Violence study
- Coded for Adverse Childhood Experiences (ACEs)

- <4 ACEs
  - CPP: n=22
  - CT-CM: n=18

- 4+ ACEs
  - CPP: n=20
  - CT-CM: n=15

Ghosh Ippen, Harris, Van Horn & Lieberman, 2011
Findings: Child Trauma Symptoms

**Child Traumatic Stress Symptoms**

- CPP <4
- CPP 4+
- CT-CM <4
- CT-CM 4+

**Traumatic Stress Disorder Diagnosis**

- CPP <4
- CT-CM <4
- CPP 4+
- CT-CM 4+

- Pre: 30
- Post: 13.3
- Pre: 36.4
- Post: 23.5
- Pre: 60.9
- Post: 41.2
- Pre: 55

- Pre: t(14)=2.46*, d =.66
- Pre: t(17)=5.79***, d =1.79
- Pre: CPP 4+ > CT-CM 4+**
Findings: Child Symptoms

Time x Txt: $F_{1,57} = 4.40, p < .05, \eta^2 = .07$

Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011
Findings: Child Behavior Problems

Post: Time x Txt x TSE: $F_{159} = 7.41, p < .01, \eta^2 = .11$
Follow-Up: Time x Txt x TSE: $F_{148} = 8.72, p < .01, \eta^2 = .15$

Pre to Post: $t(18) = 3.71^{**}, d = .74$
Pre to F-Up: $t(14) = 5.11^{***}, d = 1.69$

Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011
Findings: Maternal Symptoms

Maternal PTSD

- CPP <4
- CPP 4+
- CT-CM <4
- CT-CM 4+

Time x Txt:

\[ F_{1,55} = 4.32, \ p < .05, \ \eta^2 = .07 \]

\[ t(17) = 3.26^{**}, \ d = 1.02 \]
\[ t(17) = 4.39^{***}, \ d = .95 \]
\[ t(17) = 2.60^*, \ d = .82 \]

Maternal Depression

Post: Time x Txt:

\[ F_{1,57} = 5.89, \ p < .01, \ \eta^2 = .09 \]

Follow-Up: Time x Txt:

\[ F_{1,47} = 2.92, \ p < .1, \ \eta^2 = .06 \]

Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011
Infants from Maltreating Families

Fostering secure attachment in infants in maltreating families through preventive interventions

DANNET A. CRAYSHEIL-FYFE, FRED A. ROGERSON, and BRENDIE L. TAYLOR

Infants from Maltreating Families

Mechanisms of change: Testing how preventative interventions impact psychological and physiological stress functioning in mothers in neglectful families

SUSAN L. MERVYN, ALAN J. KRAMER, and SARAH C. O'BRIEN

Preventive interventions and sustained attachment security in maltreated children

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Strengthened Attachment

Pre to Post: $X^2_{1}, (3, n = 148) = 39.35^{***}$; CPP vs CS $h = 1.51$; PPI vs CS $h = 1.41$; NC vs CS; $h = 1.17$

Pre to F-Up: $X^2_{1}, (9, n = 145) = 33.49^{***}$; CPP more secure than CS*** and PPI*

Cicchetti, Rogosch, & Toth, 2006; Stronach, Toth, Rogosch, & Cicchetti, 2013
Positive Effect on Infant Cortisol Regulation

- No group differences at intake
- By 19 months
  - MI group indistinguishable from NC
  - CS group evidenced progressively lower morning cortisol
- Intervention children had cortisol levels comparable to non-maltreated children

Cicchetti, Rogosch, Toth, & Sturge-Apple, 2011
Findings: Maternal Psychological & Physiological Stress

CPP → Reduced Child Related Stress → Improvement in Maternal Cortisol Regulation

Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015
The relative efficacy of two interventions in altering maltreated preschool children’s representational models: Implications for attachment theory

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Abstract
A narrative story-telling task was used to evaluate the efficacy of two competing, developmentally informed preventive interventions for maltreated preschoolers and their mothers designed to modify children’s internal representations of self and of self in relation to other. One hundred and twenty-two mothers and their preschoolers (FP: maltreated and 35 nonmaltreated) served as participants. Maltreating families were randomly assigned to either the preschooler-parent psychotherapy (IPP, n = 23), a community-based (CS, n = 35) intervention group at baseline. Thirty-five nonmaltreated (NC) families served as comparisons. Narratives were administered to children at baseline and at the postintervention evaluation. Children in the IPP intervention evidence of a decline in maladaptive maternal representations over time than in the CS and NC children and displayed a greater decrease in negative self-representations than CS, IPP, and NC children. Also, the mother-child relationship expectations of IPP children increased more positive over the course of the intervention, as compared to NC and IPP participants. These results suggest that an attachment theory informed model of intervention (IPP) is more effective at improving representations of self and of caregivers than a didactic model of intervention directed at parenting skills. Findings are discussed with respect to their implications for developmental theory, with a specific focus on attachment theory and internal working models of relationships.

Prevention and intervention trials have been shown to prevent mental disorder and/or promote mental health. However, the foundations of such endeavors have been viewed as lacking a strong conceptual basis (Hinshaw, 2002; Institute of Medicine, 1994; Koretz, 1991). The failure to utilize existing theory and research to guide the development and implementation of prevention and intervention initiatives results in less informed service delivery that may ultimately be less effective. Although tension has existed among those who advocate for prevention aimed at the reduction of mental disorder, those who target the reduction of more general risk factors, and those who focus on the promotion of mental health, a report issued by the National Institute of Mental Health (1995) concluded that there is little justification for this dispute. Rather, each of these foci has an important role in prevention science, but the intervention ap-

Maltreated Preschoolers
Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002
Reduced Negative Views of Self and Others

**Maladaptive Maternal Representations**

- CPP > PHV
- CPP > CS
- CPP > NC

**Negative Self Representations**

- CPP > PHV
- CPP > CS
- CPP > NC

Time x Txt: $F_{3,118} = 3.13^*$
CPP > NC*$; CPP > CS+$

Time x Txt: $F_{3,118} = 4.93^{**}$
CPP > PHV*$; CPP > CS^{**}, CPP > NC^{*}$

Toth et al., 2002
Improved Child Expectations of Relationships

Mother-Child Relationship Expectations

- CPP > NC*
- CPP > PHV+

Time x Txt: $F_{3,118} = 2.72^*$

- $t(22) = 6.46^{***}$
- $t(22) = 2.96^{**}$
- $t(22) = 3.20^{***}$

Toth et al., 2002
The Efficacy of Toddler-Parent Psychotherapy to Fostering Cognitive Development in Offspring of Depressed Mothers

Dante Cicchetti, Fred A. Rogosch, and Sharon L. Toth

BACKGROUND: The efficacy of toddler-parent psychotherapy (TPP) as an early intervention for promoting secure attachment to the depressed maternal caregiver is documented in a number of studies, including those by Cicchetti et al. (1990) and Greenberg et al. (1991). However, the effects of these programs on long-term outcomes are less clear. In this study, we examined the impact of TPP on the cognitive abilities of children who were at high risk for cognitive underachievement because of their maternal depression. The children were randomly assigned to receive either TPP or a control intervention, and their cognitive abilities were assessed at 18 and 36 months of age. The results of this study suggest that TPP has a positive impact on the cognitive development of children at risk for maternal depression.

KEYWORDS: toddler-parent psychotherapy, attachment, maternal depression, intervention, efficacy, prevention

The efficacy of toddler-parent psychotherapy (TPP) as an early intervention for promoting secure attachment to the depressed maternal caregiver is documented in a number of studies, including those by Cicchetti et al. (1990) and Greenberg et al. (1991). However, the effects of these programs on long-term outcomes are less clear. In this study, we examined the impact of TPP on the cognitive abilities of children who were at high risk for cognitive underachievement because of their maternal depression. The children were randomly assigned to receive either TPP or a control intervention, and their cognitive abilities were assessed at 18 and 36 months of age. The results of this study suggest that TPP has a positive impact on the cognitive development of children at risk for maternal depression.

The children's maternal caregivers consisted of clients who were on a waiting list for an experimental intervention, and who had been randomly assigned to receive either TPP or a control intervention. Additionally, the intervention was delivered by a team of psychologists and therapists who were trained in the principles of cognitive-behavioral therapy and attachment theory. The intervention consisted of weekly, 90-minute sessions with the child and parent. The intervention focused on improving the quality of the parent-child relationship, teaching the parent how to interact with the child, and helping the parent to understand the child's needs. The results of this study suggest that TPP has a positive impact on the cognitive development of children at risk for maternal depression.
Toddlers of Depressed Mothers
(additional studies)

Attachment security mediates the longitudinal association between child-parent psychotherapy and peer relations for toddlers of depressed mothers

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Attachment security mediates the longitudinal association between child-parent psychotherapy and peer relations for toddlers of depressed mothers.

The national trend toward child and family therapy has been influenced by the belief that early intervention can improve outcomes for children and families. This trend has been driven by the recognition that early intervention can have a significant impact on the development of children. However, there is limited research on the effectiveness of child-parent psychotherapy for toddlers of depressed mothers.

This study examined the relationship between attachment security and peer relations for toddlers of depressed mothers. The study used a longitudinal design, with data collected at two time points: pre-treatment and post-treatment. The study found that attachment security mediates the relationship between child-parent psychotherapy and peer relations for toddlers of depressed mothers.

The findings of this study suggest that attachment security is an important mediator of the relationship between child-parent psychotherapy and peer relations for toddlers of depressed mothers. This finding has important implications for the field of child psychology, as it highlights the importance of early intervention and the need for further research on the effectiveness of child-parent psychotherapy for toddlers of depressed mothers.
Improved Attachment: Change from Insecure to Secure

Insecure to Secure
- CPP>DC: $X^2,(1, n = 100) = 26.58^{***}$, $h = 1.11$
- CPP>NC: $X^2,(1, n = 109) = 19.88^{***}$
- DC and NC did not differ

Disorganized Pattern
- Stability of disorganized pattern:
  - DC>CPP $X^2,(1, n = 100) = 15.69^{***}$
  - DC>NC $X^2,(1, n = 117) = 19.06^{***}$
- Disorganized to secure: CPP>DC
  - $X^2,(4, n = 55) = 14.34^{**}$

Toth, Rogosch, Manly, & Cicchetti, 2006
Findings: Maternal Depression & Cognitive Functioning

- At intake (age 20 months) no significant group differences in cognitive functioning
- At post (age 3)
  - No difference between CPP & NC for Full Scale & Verbal IQ
  - DC Full Scale IQ < CPP & NC
  - DC Verbal IQ < CPP & NC

Toth, Rogosch, Manly, & Cicchetti, 2006
Findings: Maternal Depression & Cognitive Functioning

- Subsequent depressive episodes (MDD)
  - CPP: 27.9%
  - DC: 33.3%
- Children in DC group whose mothers had a subsequent depressive episode (MDD) had the lowest cognitive scores
- CPP may safeguard children's cognitive functioning in the presence of maternal depression

Full Scale IQ Effect: $F_{1,92} = 6.50^*$
Verbal IQ Group X MDD Effect: $F_{1,90} = 3.92^*$
Findings: Peer Relationships at Age 9

Attachment Security T1

.43*** (.11)

Attachment Security T2

.59*** (.10)

-04 (.16)

Peer Relations T3

.35* (.17)

.38*** (.12)

CPP

Age T3

Guild, Toth, Handle, Rogosch, & Cicchetti, 2017
Findings: Marital Satisfaction

- Overall husband’s and wives relationship satisfaction declined over the 3 years.
- Higher satisfaction predicted slower rate of decline
- CPP mothers reported slight increase in relationship satisfaction
- Benefits of CPP extend beyond mother-child dyad
Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes

Dana A. Weiner, Aliann Schneider, John S. Lyons

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Abstract
This study describes the implementation of three evidence-based treatments addressing traumatic stress symptoms within a culturally diverse population in Illinois. Child Motor Behavioral Symptom (CMBS), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Traumatic Psychotherapy for Adolescents Responding to Chronic Stress (TPACSS) were implemented with a racially diverse sample of youth ages 12-18 years as an agency. Culturally sensitive adaptations were made to treatment approaches to improve client retention and outcomes. Data analysis revealed no major differences in outcomes between minority youth exposed to the intervention and other youth. All three evidence-based treatments were effective in reducing symptoms and improving functioning among minority youth. Implementation issues, including challenges and culturally competent accommodations, are discussed.

1. Introduction
Exposure to traumatic experiences and consequent complex and varied mental health needs are among the most challenging problems facing foster care youth today (Nagel & Lutter, 2005). Several promising treatments have emerged over the last decade to address the unique challenges faced by this population. A number of these treatments have been empirically validated with both clinical trials and quasi-experiments (Fletcher, Delongis, Massicotte & Sten, 2006; Delongis & Feeny, 2006; Leeman, Van Kerk & Garrow, 2005). Several new treatments have been specifically designed for racial/ethnic minority youth. A number of these treatments have demonstrated promising results, resulting in beneficial outcomes for both minority and non-minority youth (Fletcher, Delongis, Massicotte & Sten, 2006; Delongis & Feeny, 2006; Leeman, Van Kerk & Garrow, 2005). These results highlight the importance of culturally competent interventions for trauma among minority youth.

The Working Group on Evidence-Based Practice in Child Welfare in the Center of Cultural Competence defined cultural competence as "the ability to work with people in the context of their specific historic, cultural, and environment that deliver services that are meaningful and responsive to their lived experience" (Walk, 2007). The Working Group suggested that cultural competence is based on several generalizations about minority youth, including their unique needs and experiences.

The programs described in this study were implemented in a large, urban, midwestern city with a diverse population of youth. The city has a long history of immigration and a diverse population of youth. The city is home to a large number of minority youth, including youth of African American, Hispanic, and Asian heritage. The city has a long history of immigration and a diverse population of youth. The city has a long history of immigration and a diverse population of youth.
Intervention Effects

Traumatic Stress Symptoms

Child Strengths (lower is better)

Weiner, Schneider, & Lyons, 2009
Intervention Effects

Life Domain Functioning

Behavioral/Emotional Needs

- *p<.05  **p<.01  ***p<.001

Weiner, Schneider, & Lyons, 2009
Intervention Effects

Summary

- CPP universally effective across racial/ethnic subgroups
- Significant improvement
  - Black children: All domains
  - Biracial children: 4 of 5 domains
  - Latino children: 3 of 5 domains
  - White children: Life domain functioning
- Number of CPP sessions attended predicted outcome (traumatic stress symptoms)

Risk Behaviors

- CPP universally effective across racial/ethnic subgroups
- Significant improvement
  - Black children: All domains
  - Biracial children: 4 of 5 domains
  - Latino children: 3 of 5 domains
  - White children: Life domain functioning
- Number of CPP sessions attended predicted outcome (traumatic stress symptoms)
Placement Effects

Lyons, 2008: Similar sample

• Compared to all Foster Care youth, dramatic reductions in placement interruptions for participants.
• Among comparable youth in SOC (a program which improves stability) CPP significantly reduced all placement interruptions.
References

Preschoolers Exposed to Domestic Violence


Maltreated Preschoolers

**References**

**Infants from Families with a History of Maltreatment**


Anxiously attached infants of Latina immigrant mothers

References

Toddlers with depressed mothers


References: Effectiveness and Dissemination Studies

CPP with Culturally Diverse Children in Foster care


References: Effectiveness and Dissemination Studies

Dissemination of CPP in Israel

References: Adaptations

Perinatal CPP
