Child-Parent Psychotherapy

Research Summary

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Acknowledgements

• Families
• Therapists
• Research Assistants
• Administrative Team Members
Child-Parent Psychotherapy

Research Studies: 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
Acknowledgements

• Four studies funded by the National Institute of Mental Health (studies 1, 3, 4 & 5)

• The maltreated preschoolers study was also funded by:
  – The Administration of Children, Youth, and Families Office of Child Abuse and Neglect
  – Monroe County Department of Human Services
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%
  - Asian: 7%
  - Latino: 28%
  - Biracial: 14%
  - Latino: 18%
  - Black: 43%
  - White: 25%
  - Other: 2%
  - Mixed: 39%

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

Effectiveness Study

- Illinois wrap-around foster care program
  - White: 25%
  - 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
Preschoolers Exposed to Domestic Violence

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

ALICIA F. LEIBERMAN, M.D., PATRICK VALENTINE, P.A., M.D., AND CHANDRA GHOSH ISIPN, M.D.

ABSTRACT

Objective: To determine if child-parent psychotherapy (CPP) can improve emotional and behavioral problems in preschoolers exposed to marital violence. Method: Three preschoolers exposed to marital violence were randomly assigned to CPP or standard care. Results: CPP was associated with significant improvements in emotional and behavioral problems, and improvements were maintained at 6-month follow-up. Conclusion: CPP is an effective treatment for preschoolers exposed to marital violence.

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

ALICIA F. LEIBERMAN, M.D., CHANDRA GHOSH ISIPN, M.D., AND PATRICK VALENTINE, P.A., M.D.

ABSTRACT

Objective: To examine the durability of improvements in child and marital problems following the completion of a 6-month child-parent psychotherapy (CPP) intervention. Method: Twenty-two preschoolers exposed to marital violence were randomized to CPP or standard care. Results: CPP was associated with significant improvements in emotional and behavioral problems, and improvements were maintained at 6-month follow-up. Conclusion: CPP is an effective treatment for preschoolers exposed to marital violence.

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

CHANDRA GHOSH ISIPN, M.D., WILLIAM W. HARRIS, M.D., PATRICIA VAN HORN, M.D., AND ALICIA F. LEIBERMAN, M.D.

ABSTRACT

Objective: To determine if child-parent psychotherapy (CPP) can improve emotional and behavioral problems in preschoolers exposed to marital violence. Method: Three preschoolers exposed to marital violence were randomly assigned to CPP or standard care. Results: CPP was associated with significant improvements in emotional and behavioral problems, and improvements were maintained at 6-month follow-up. Conclusion: CPP is an effective treatment for preschoolers exposed to marital violence.
Participants: Children

- Age: 3-5 years (M= 4.06, SD = .82)
- Gender: 39 girls (52%) and 36 boys (48%)
- All exposed to domestic violence

Lieberman, Van Horn, & Ghosh Ippen, 2005
Child Trauma History

- Witnessed Domestic Violence
- Community Violence
- Physical Abuse
- Sexual Abuse
- Neglect
- Separation from a Caregiver
- Caregiver Mental Health Challenges
- Caregiver Substance Abuse
- Caregiver Criminal History

Ghosh Ippen, Harris, Van Horn & Lieberman, 2011
Participants: Biological Mothers

- Age: $M = 31.48$ years ($SD = 6.23$)
- Education: $M = 12.51$ years ($SD = 3.96$)
- SES: $M = $1817 a month ($SD = $1,460)
  - 23% on public assistance
  - 41% income below the federal poverty level

Childhood Trauma History

- Witnessed DV
- Physical Abuse
- Sexual Abuse
- Traumatic Loss

Lieberman, Van Horn, & Ghosh Ippen, 2005
Treatment Groups

Randomly Assigned (1 year of treatment)

Child-Parent Psychotherapy (CPP)

- Average 32.09 sessions
  \((SD = 15.20)\)
- Weekly sessions by Master's and Ph.D. level therapists

Community Treatment Plus Case Management (CT-CM)

- Monthly calls from case manager
- 73% of mothers and 55% of children received individual treatment
- 45% of families mother and child received individual treatment
- 50% of mothers and 65% of children received 20+ sessions

Lieberman, Van Horn, & Ghosh Ippen, 2005
Treatment Groups

75 Preschoolers

CPP
n=42

1 Year Post

CPP Post
n=36

CT-CM
n=33

CT-CM Post
n=29

Data Problems
n=2

CT-CM Follow-up
n=23

Randomized

6 Mo Follow-Up

CPP Attrition
n=6

CT-CM Attrition
n=4

CPP Attrition
n=2

‘Before Follow-up
n=7

CPP Follow-up
n=27

CT-CM Attrition
n=4

No significant group attrition differences. ‘Follow-up added after initial families were seen.

Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006
Findings: Child Trauma Symptoms

Child Traumatic Stress Symptoms

Traumatic Stress Disorder Diagnosis

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

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

$X^2_1, (n = 61) = 8.43, p < .01, \Phi = .37$

Lieberman, Van Horn, & Ghosh Ippen, 2005
Findings: Children’s Behavior Problems

**Child Behavior Problems (CBCL) Pre to Post**

- CPP: t(34) = 2.86**, p < .05, d = .24
- CT-CM

**Child Behavior Problems (CBCL) Pre to Follow-Up**

- t(26) = 3.92***, p < .05, d = .41

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

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: Maternal Symptoms

Maternal PTSD Avoidance

Group x Time: $F_{1,47} = 5.08$, $p < .05$, $d = .50$

$C_{PP}$

$CT-CM$

$t(33) = 5.16^{***}$

Maternal Global Symptoms

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

$t(26) = 5.11^{***}$

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

- Same participants
- Coded for Adverse Childhood Experiences (ACEs)

<table>
<thead>
<tr>
<th>ACEs Level</th>
<th>Treatment Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4 ACEs</td>
<td>CPP</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>CT-CM</td>
<td>18</td>
</tr>
<tr>
<td>&gt;4 ACEs</td>
<td>CPP</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>CT-CM</td>
<td>15</td>
</tr>
</tbody>
</table>

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+

PRE  POST

CPP 4+ > CT-CM 4+**

Traumatic Stress Disorder Diagnosis

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

**Child Depression**

- CPP <4 (Green Line)
- CPP 4+ (Black Line)
- CT-CM <4 (Orange Line)
- CT-CM 4+ (Red Line)

Time x Txt: $F_{1.57} = 4.40, p < .05, \eta^2 = .07$

**# Co-Occurring Diagnoses**

- CPP <4 (Green Line)
- CPP 4+ (Black Line)
- CT-CM <4 (Orange Line)
- CT-CM 4+ (Red Line)

Time x Txt: $t(17) = 3.36^{**}, d=1.03$

# Co-Occurring Diagnoses

Time x Txt: $t(17) = 3.32^{**}, d=1.12$

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

Pre to Post

$t(16) = 3.13^{***}$, $d = .97$
$t(15) = 3.13^{**}$, $d = .93$
$t(15) = 3.88^{***}$, $d = 1.06$
$t(15) = 2.78^*$, $d = .86$

Pre to F-Up

Post: Time x Txt: $F_{1,57} = 5.89$, $p < .01$, $\eta^2 = .09$
Follow-Up: Time x Txt: $F_{147} = 2.92$, $p < .1$, $\eta^2 = .06$

Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011
The relative efficacy of two interventions in altering maltreated preschool children’s representational models: Implications for attachment theory

SHEEEL TOTH, ANGELINE MAUGHAN, JODY TODD MANLY, MARY SPAGNOLA, AND DANTE CICCHETTI

Mt. Hope Family Center, University of Rochester

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 others. One hundred and twenty-two mothers and their preschoolers (BF maltreated and 35 nonmaltreated) served as participants. Maltreating families were randomly assigned to either the preschooler-parent psychoeducation (PPE), 

We wish to acknowledge the support of the Monroe County Department of Social Services, the Office of Child Abuse and Neglect (SOC), the Office of Child Abuse and Neglect (SOC), the Office of Child Abuse and Neglect (SOC), and the Office of Child Abuse and Neglect (SOC), the Office of Child Abuse and Neglect (SOC), and the Office of Child Abuse and Neglect (SOC). The efforts of Shannon Harmon, Jackie Cooke, Dawn Revitz, Joelyn Semmel, and Amy Walkowitz in administering the assessments also greatly appreciated. We also thank Jennifer Kim and Heidi A. Beach for their input and suggestions. Finally, we acknowledge Robert N. Hinde for facilitating the introduction of the story-telling narrative technique to our laboratory.

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Maltreated Preschoolers
Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002
Participants: Children

- Age: 4 years ($M = 48.18$ months, $SD = 6.88$)
- Gender: 54 girls (44%) and 68 boys (56%)
- Ethnicity: 76.2% ethnic minority (predominantly African-American)
- In the maltreated group, all families had a documented history of maltreatment
- 60% of children experienced more than one form of maltreatment

Toth et al., 2002
Participants: Mothers

• Education: 11.55 years (average across groups)
• SES: Ranged from $16,700-$19,930
• Majority, 88% (averaged across groups) were not married
## Treatment Groups

<table>
<thead>
<tr>
<th>Child-Parent Psychotherapy</th>
<th>Psychoeducational Home Visitation Model</th>
<th>Community Standard</th>
<th>Non-Maltreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Called Preschool-Parent Psychotherapy</td>
<td>• Weekly 60 min sessions</td>
<td>• 60% in full or part daycare; 50% in preschool</td>
<td>• Non-maltreated group</td>
</tr>
<tr>
<td>• Weekly 60 min dyadic sessions</td>
<td>• Also included 10-month full-day preschool</td>
<td>• 13% of children in individual therapy: Average length 9.33 months</td>
<td></td>
</tr>
<tr>
<td>• $M = 11.63$ months ($SD = 3.13$)</td>
<td>• $M = 13.32$ months ($SD = 6.56$)</td>
<td>• Mothers' mental health services: Average length 5.8 months</td>
<td></td>
</tr>
<tr>
<td>• $M = 32.39$ sessions ($SD = 12.42$)</td>
<td>• $M = 31.09$ sessions ($SD = 14.3$)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community Standard

Mothers’ mental health services
• 23% individual psychotherapy
• 17% parenting services
• 23% concrete assistance
• 10% support group or day treatment
• 3% family or marital counseling

Toth et al., 2002
Treatment Groups

Dyads lost to attrition or other factors (incomplete narratives) did not differ from those completing the study.

Toth et al., 2002
Procedure: MacArthur Story Stem Battery

- Story stems presented to child (e.g. spilled juice, lost keys)
- “Show me and tell me what happens now”
- Video tape
- Code responses
  - Maternal representations
  - Self representations

Toth et al., 2002
CPP With Maltreated Preschoolers

Maladaptive Maternal Representations

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

$\bar{t}(22)=4.05^{***}$

Negative Self Representations

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

$\bar{t}(22)=3.86^{***}$

Toth et al., 2002
CPP With Maltreated Preschoolers

Mother-Child Relationship Expectations

Time x Txt: $F_{3,118} = 2.72^*$
CPP > NC*; CPP > PHV+

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

Toth et al., 2002
Infants from Maltreating Families

Fostering secure attachment in infants in maltreating families through preventive interventions

DAVIDE CROSLEY, M.D., FRED A. ROGONIC, M.D., AND JEROME L. PILPEP

University of Minnesota, Minneapolis

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

SUSAN E. THOMAS, M.D., JEROME L. PILPEP, M.D., AND MARIA G. COOK, M.D.

University of Minnesota, Minneapolis

Preventive interventions and sustained attachment security in maltreating families

M. L. STARR, M.D., FRED A. ROGONIC, M.D., AND MARIA G. COOK, M.D.

University of Minnesota, Minneapolis
Participants: Children

- Age: $M = 13.31$ months ($SD = .81$)
- Gender: 60 boys & 77 girls in maltreated group
- Gender: 28 boys & 24 girls in non-maltreated group

- Black, 60.3%
- White, 17.5%
- Other, 16.4%
- Latino, 5.8%
- Other includes multi-racial

Cicchetti, Rogosch, & Toth, 2006
Participants: Children

• Recruited through review of CPS records
  – 64% directly experienced neglect or abuse
  – 33.6% in families where siblings had experienced neglect or abuse

• Maltreatment types
  – 84.6% neglect
  – 69.2% emotional maltreatment
  – 8.8% physical abuse

Cicchetti, Rogosch, & Toth, 2006
Participants: Biological Mothers

- Age: 18-41; $M = 26.98$ years $SD = 5.98$
- 12.7% married
- Education: 41.8% high school education or less
- SES: $M = $17,151 annual (including welfare benefits)
- 96.3% receiving TANF
- Trauma history: 79.4% had been maltreated as children
- 20% met criteria for PTSD at intake
- 35% met criteria for lifetime history of PTSD

Other includes multi-racial
## Treatment Groups

Randomly Assigned (1 year of treatment)

<table>
<thead>
<tr>
<th>Child-Parent Psychotherapy</th>
<th>Psychoeducational Parenting Intervention</th>
<th>Community Standard</th>
<th>Normative Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Called Infant-Parent Psychotherapy</td>
<td>• Mean = 25.38 sessions $(SD = 9.65)$</td>
<td>• Services typically available to maltreating families in the community.</td>
<td>• Families with no history of maltreatment</td>
</tr>
<tr>
<td>• $M = 21.56$ sessions $(SD = 9.60)$</td>
<td>• Mean = 49.4 weeks $(SD = 4.81)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $M = 46.4$ weeks $(SD = 7.36)$</td>
<td></td>
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</tr>
</tbody>
</table>
Dyads lost to attrition or other factors did not differ from those who completed the study.

**Intent to treat analyses involved only the CS group. Later analyses combined the Not Engaged (NE) group with the CS group as some went on to receive services in the community.**

Cicchetti, Rogosch, & Toth, 2006; Stronach, Toth, Rogosch, & Cicchetti, 2013
Outcomes Assessed

• Attachment security at post and 1 year follow-up  
  (Cicchetti, Rogosch, & Toth, 2006; Stronach, Toth, Rogosch, & Cicchetti, 2013)

• Infant cortisol regulation at mid-treatment, post, and 1 year follow-up  
  (Cicchetti, Rogosch, Toth, & Sturge-Apple, 2011)

• Maternal psychological stress and maternal physiological stress, cortisol functioning at intake, post, and 1 year follow-up  
  (Toth, Sturge-Apple, Rogosch, Cicchetti, 2015)
Findings: % Secure 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*
Findings: % Disorganized Attachment

\[ X^2_{1, (n = 148)} = 42.19^{***}; \text{CPP vs CS } h = 1.51; \text{PPI vs CS } h = 1.46 \]

Cicchetti, Rogosch, & Toth, 2006; Stronach, Toth, Rogosch, & Cicchetti, 2013
Attachment Security: Summary of Findings

- Posttest: CPP and PPI equally effective at promoting attachment security
- 1 year Follow-up
  - CPP higher rates of secure and lower rates of disorganized attachment than PPI or CS group
  - CPP no difference in disorganized attachment compared to NC group

Cicchetti, Rogosch, & Toth, 2006; Stronach, Toth, Rogosch, & Cicchetti, 2013
Intervention Effects on Infant Cortisol Regulation

• Subsample of Cicchetti, Rogosch, & Toth, 2006
  – 91 infants from maltreating families (43 boys and 48 girls)
  – 52 infants from non-maltreating families
• CPP and PPI combined into a Maltreated Intervention Group (MI) due to no significant group differences at each time point
• Saliva samples collected
  – T1: 13 months old
  – T2: 19 months old – mid intervention
  – T3: 26 months old – post intervention
  – T4: 38 months old – 1 year follow-up
Findings: Intervention Effects on 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: Intervention Effects on Cortisol Regulation

• Maltreated intervention group
  – Not distinguishable from non-maltreated group over time

• Maltreated Comparison Group
  – Progressively lower levels of morning cortisol
  – Differed significantly from maltreated intervention group and non-maltreated group

Psychosocial intervention may normalize biological regulatory processes in maltreated infants

Cicchetti, Rogosch, Toth, & Sturge-Apple, 2011
Intervention Effects on Maternal Psychological and Physiological Stress

• Subsample of Cicchetti, Rogosch, & Toth, 2006
  – Only included mothers identified for neglect
  – 105 mothers of 46 boys and 59 girls
• Mid morning cortisol samples and maternal parenting stress measure (Parenting Stress Index) collected at
  – Intake
  – Post intervention
  – 1 year follow-up

Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015
Findings: Maternal Psychological & Physiological Stress

• Psychological Stress
  – PPI moms: ↓ intake to post in parent-related stress
  – CPP moms: ↓ intake to post in child-related stress

• Physiological Stress
  – Basal cortisol ↑NC and ↑CS, suggesting elevated stress
  – CPP and PPI no change in basal cortisol

Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015
Findings: Maternal Psychological & Physiological Stress

CPP

- Reduced Child Related Stress

- Improvement in Maternal Cortisol Regulation

Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015
Anxiously Attached Latino Dyads
Lieberman, Weston, & Pawl, 1991

Preventive Intervention and Outcome with Anxiously Attached Dyads

Alicia F. Lieberman, Donna R. Weston, and Jeree H. Pawl
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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 interactiveness 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.
Participants: Infants

• Age: 11-14 months ($M = 13$ months, $SD = .81$)
• Gender: 56% female, 44% male
• Ethnicity: Not specified but all had Latina immigrant mothers
• Trauma history: Not specified

Lieberman, Weston & Pawl, 1991
Participants: Mothers

- Age: 21-39 years ($M = 25$ years)
- Ethnicity: 100% Latina immigrants from Central or South America, in United States for less than five years ($M = 3.1$ years)
- Language: Spanish
- Trauma history: $M = 11.34$ events on the Life Events Inventory
- Education: $M = 9.42$ years
- SES: 71% mothers unemployed; 35% of fathers unemployed

Lieberman, Weston & Pawl, 1991
Treatment Groups

Assessed: Included Strange Situation

100 Infants

Anxiously Attached

CPP n=34

Comp n=25

Secure n=34

Dropped at Assessment n=7

CPP Attrition N=5

CPP Post n=29

Comp Attrition n=2

Comp Post n=23

Secure Attrition n=4

Secure n=30

Randomized

1 Yr Post

No significant group attrition differences

Lieberman, Weston & Pawl, 1991
Summary of Findings: Coding of Mother-Child Play Observations

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
The efficacy of toddler–parent psychotherapy to increase attachment security in offspring of depressed mothers

DANTE CICCHETTI, SHEERE L. TOOTH AND FRED A. ROGOSCH

ABSTRACT: The efficacy of toddler–parent psychotherapy (TPP) on the development of attachment security in the offspring of depressed mothers was examined in two randomized experimental groups in a 16-month study. The offspring of depressed mothers ( n = 10) were randomly assigned to either the experimental group or a control group. In the experimental group, the 16-month-old infants and their mothers received 16 one-hour sessions of TPP designed to improve the quality and quantity of the mother–infant interaction. The control group received no treatment. The infants were observed in the Strange Situation paradigm at 15 and 16 months of age. Comparison of the treatment and control groups revealed a significant advantage in the experimental group in terms of the percentage of security in the 16-month-old infant. The experimental group also showed a significantly greater proportion of security at 15 months of age. These findings suggest that TPP is effective in increasing attachment security in the offspring of depressed mothers.

Keywords: toddler–parent psychotherapy – attachment – maternal depression – intervention – prevention

The offspring of mothers with depression disorder are at risk for maladjustment and the subsequent development of psychopathology (Blair et al., 1996; Cicchetti & Toth, 1994; Kauvar, 1988, 1993, 1996). Early interventions to foster secure attachment in those offspring are needed to prevent the development of severe attachment relationship in these children. Toddler–parent psychotherapy (TPP) may help to alleviate the problems associated with maternal depression disorder (Blair et al., 1996; Cicchetti & Toth, 1994; Kauvar, 1988, 1993, 1996). The implementation of a preventive intervention to foster secure attachment in these offspring would address both theoretical and clinical significance. In this paper, we present the results of a randomized experimental study to investigate the efficacy of TPP in increasing attachment security in the offspring of depressed mothers.
Toddlers of Depressed Mothers
(additional studies)
Participants: Toddlers

Toddlers of mothers who had experienced Major Depressive Disorder since toddler's birth (DSM-III-R criteria). Mothers meeting criteria for bipolar were ruled out.

- Age: $M = 20.34$ months, $SD = 2.5$ months
- Gender: 47.2% female, 52.8% male
- Ethnicity: 94.5% White

Toth, Rogosch, Manly, & Cicchetti, 2006
Participants: Mothers

- Age: 21-41 $M = 31.68$, $SD = 4.68$
- Predominantly White 92.9%
- Most were married: 87.9%
- Education: 54.5% college graduates or had receive an advanced degree
- SES: 72.7% in the two highest Hollingshead SES levels (IV & V)
- Trauma history: 25% of depressed mothers met DSM-IV lifetime criteria for PTSD
Treatment Groups

Randomly Assigned (1 year of treatment)

• Child-Parent Psychotherapy called Toddler-Parent Psychotherapy
  – Average 45.24 sessions ($SD = 11.16$) and 58.19 weeks ($SD = 10.00$)

• Depressed Control

• Many participants received treatment in addition to the study including individual therapy, marital therapy, group therapy, and family therapy
  – CPP group: 47%
  – DC group: 44.2%

Toth, Rogosch, Manly, & Cicchetti, 2006
Dyads lost to attrition or other factors did not differ from those who completed the study. *

*The Peltz et al. study able to recapture and assess dyads who had moved.
Findings: % Secure Attachment

- Measure: Strange Situation
- Coded videotapes

- DC<NC: $X^2,(1, n = 117) = 12.54^{***}$
- CPP>DC: $X^2,(1, n = 100) = 26.63^{***}$
- CPP>NC: $X^2,(1, n = 109) = 4.22^*$

Pre to Post: $X^2,(2, n = 163) = 27.00^{***}$
Findings: % Disorganized Attachment

- Measure: Strange Situation
- Coded videotapes

- DI<DC: $X^2,(1, n = 100) = 11.25^{***}$
- DI not different from NC
- DC>NC: $X^2,(1, n = 117) = 5.61^*$

Pre to Post: $X^2,(3, n = 163) = 12.82^{**}$

Toth, Rogosch, Manly, & Cicchetti, 2006
Findings: 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
Intervention Effects on Attachment Security

- Subsample of participants included in Toth et al., 2006
- Included mothers who completed the Attachment Q-set
  - 90 statements that describe the behavior of young children with their caregivers
  - Observe child and then sort items (e.g. items that are more characteristic to less characteristic of child

- CPP n=27
- DC n=36
- NC n=45

Cicchetti, Toth, & Rogosch, 1999
Findings: Changes in Attachment Security

Intake
- % Insecure
  - No difference CPP and DC
  - CPP & DC > NC

Post
- % Insecure
  - No difference CPP and NC
  - DC>NC

Cicchetti, Toth, & Rogosch, 1999
Findings: Stability in Attachment Security

• DC and NC groups showed stability in attachment classification
• CPP group showed change
  – Insecure to secure
  – Secure tended to remain secure

Cicchetti, Toth, & Rogosch, 1999
Intervention Effects on Cognitive Development

- Sub-sample of participants included in Toth et al., 2006
- 158 dyads (77 girls and 81 boys)

- Intake: Assessed using the Bayley Mental Development
- Post: Assessed using the Wechsler Preschool and Primary Scales of Intelligence - Revised

Cicchetti, Rogosch, & Toth, 2000
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

Cicchetti, Rogosch, & Toth, 2000
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: $F_{1,90} = 3.92^*$

Cicchetti, Rogosch, & Toth, 2000
Intervention Effects on Marital Satisfaction

- Subsample of participants included in Toth et al., 2006
- 159 two-parent heterosexual families
- 95% married for an average of 6.3 years ($SD = 4.4$)
- Assessed using the Beck Depression Inventory and Dyadic Adjustment Scale across the 3 years of the study

At intake mothers in the CPP group had significantly lower levels of marital satisfaction

CPP $n=59$

DC $n=45$

NC $n=55$

Peltz, Rogge, Rogosch, Cicchetti, & Toth, 2015
Findings: Peer Relationships at Age 9

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 1,a, Allison Schneider 2, John S. Lyons 3

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 (Weiner, Lyons & Linzer, 2006). Several promising treatments have emerged over the last decade to address the sequelae of trauma among exposed youth. A number of these have been empirically validated with both controlled trials and quasi-experiments (Collins, Dillingham, Maranville & Stein, 2006; Durlak & Weissberg, 1996; Cohen-Kadosh, Wiers & Cahn-Weiner, 2005). Few have been developed specifically with minority clients in mind (Ginella, Stirling, & Locke, 2001). When we review results using homogenous samples or do not report outcomes by racial/ethnic subgroups, which makes drawing conclusions about the appropriateness of treatments across cultures difficult.

The Working Group on Evidence-Based Practice in Child Welfare in the Center of Criminological Competence defined cultural competence as “the ability to work with people in the context of their own specific lifestyle, culture, and environment to deliver services that are meaningful and responsive to their lived experiences” (Waltz, 2007). The Working Group stressed that cultural competence is based on respecting generalizations about members of any group and relying on flexibility and systems to research individual context.

Flexibility and openness are the hallmarks of the philosophy of “wraparound” programs in foster care. These programs are rooted in the Child and Adolescent Services System Program (CASYP) and principles designed to provide treatment in the “least restrictive” environment and to optimize the ability of community-based providers to deliver foster care youth and meet met needs. Wraparound programs manage care to ensure that policies about how to meet the needs of youth, outside the context of a traditional child welfare agency (Adams & Horenczyk, 1996). It is within the context of the System of Care (SOC) program that the Illinois Department of Children and Family Services (DCFS) implemented a pilot study to test the feasibility of delivering three evidence-based treatments (EBTs) for trauma in foster care as part of a broader effort to improve the treatment of wounds experienced in trauma.

The System of Care (SOC) program aims to foster care placements among youth with emotional and behavioral problems. Using a wraparound philosophy, the program encourages workers to provide a broad array of services to meet the needs of children and families and to be flexible in delivering these services. The SOC program is implemented by 26 contracted agencies across the state. Much of the work done by SOC workers in accomplishing these goals is to be in. homes, schools, or in the community. Agencies have the flexibility to tailor services outside the scope of traditional mental health interventions, including, but not limited to, recreational activities, music therapy, providing friends for children in foster care, home furnishing, tutoring, and others. The philosophy of meeting a broad array of clients’ needs, along with the flexibility to deliver personalized services, makes this program an ideal context in which to implement culturally competent evidence-based treatment.

The agencies that provide SOC services are also involved in ongoing efforts to design, execute, and quality improvement (CQI), which provides an
Study Overview

- Examined 3 trauma-informed evidence-based treatments within a wrap-around foster care program in Illinois
  - Child-Parent Psychotherapy (CPP)
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Treatments applied to different age groups
- CPP used with children aged 0-6
- Examined effectiveness of EBTs cross culturally

Weiner, Schneider, & Lyons, 2009
Procedures

- Included children who had moderate or severe traumatic experiences as well as challenges in adjustment to trauma (rated using the CANS)
- Compared CPP to SOC (System of Care standard treatment)
- Assessed
  - Within 30 days of beginning treatment
  - After 6 months
  - At closing
- Child and Adolescent Needs and Strengths (CANS; Lyons, 2004) use to assess treatment effectiveness
CPP Participants

- 65 children (49% female and 51% male)
- Age: $M = 3.7$ ($SD = 1.6$)
- Attrition: $n=14$ (21.5%)
- Attrition did not differ by age or race/ethnicity

![Race/Ethnicity Pie Chart]

- White: 25%
- Biracial: 14%
- Latino: 18%
- Black: 43%

Weiner, Schneider, & Lyons, 2009
Intervention Effects

Traumatic Stress Symptoms

- Black
- Biracial
- Latino
- White

Pre - Post

Child Strengths (lower is better)

Pre - Post

Weiner, Schneider, & Lyons, 2009
Intervention Effects

Life Domain Functioning

Behavioral/Emotional Needs

Weiner, Schneider, & Lyons, 2009

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

- Black
- Biracial
- Latino
- White

* p<.05  ** p<.01  *** p<.001
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
Learning from bottom-up dissemination: Importing an evidence-based trauma intervention for infants and young children to Israel

Paula David and Miriam Schiff

ABSTRACT

This article describes a pilot study of a "bottom-up" dissemination process of a new evidence-based intervention for treating early childhood trauma. Clinicians applied to learn Child-Parent Psychotherapy (CPP) imported to Israel from the U.S. A subgroup of six graduates of a CPP training program responded to questions concerning their experiences training and using CPP. All 19 CPP graduates from two cohorts also completed a cross-sectional survey related to their use of CPP. Within the focus group, the openness of the workplace and the intervention's characteristics were considered major factors impacting CPP use; the training program was perceived to promote CPP implementation, and lack of supervision and secondary traumatic stress were the major inhibiting factors. Using CPP-informed therapy, as opposed to CPP psychotherapy, was perceived to be one of the main outcomes of the training. Survey results showed that 35% of graduates were using CPP in over three cases, and almost all intended to use CPP within the next year. Ninety-five percent were using CPP principles in their therapeutic work. The implications of importing a new evidence-based intervention to a foreign country that utilizes a different dissemination system within a different professional culture are discussed.

1. Introduction

This paper will report the results of a pilot study of the implementation of an evidence-based intervention for traumatized young children and their families in Israel. It describes a "bottom-up" dissemination plan, whereby diffusion is accomplished through horizontal peer-to-peer networks (Nurmi & Davies, 2000, p. 171). Interested practitioners are trained with the expectation that they will diffuse the intervention amongst their workplace peers. This contrasts with "top-down" diffusion approaches, common in the U.S., that are driven by centralized or governmental mandates that mandate or incentivize model selection and establish hierarchies. Today's implementation research on evidence-based practice (EBP) largely studies "top down" diffusion, emphasizing the characteristics of the organization, such as its readiness for adoption, resources, climate (Simpson, 2000) - as central factors in predicting EBP implementation success. Research on "bottom up" diffusion plans has not been noticeable in the implementation literature, although these types of initiatives are still often used.

While the use of EBP has become widespread in the fields of medicine, psychology, and social work in the United States (Aarons, Horner, & McCaslin, 2002), this is not its normative stage in Israel. The Israeli child welfare landscape has been heavily influenced by psychodynamic theories and as a result, the use of manualized interventions for this population does not yet play a dominant part in therapeutic discourse. Child welfare and child mental health organizations do not typically offer or require their staff to use EBP. Moreover, in Israel, a country prone to traumatic events, much has been written about the exposure of adults and children to the trauma of war and terrorism (Chazan & Cohen, 2010; Cohen, Chazan, Lerner, & Matzkin, 2010; Barresi & Yatzo, 2009) and the existence of treatment models for these populations; however, no treatment model specifically oriented toward treating young children and their parents suffering from inter-familial trauma has been adopted.

Indeed the Israeli professional community does not yet fully recognize the existence and prevalence of trauma in early childhood. As Luthar (2007) and Ginsberg (2007) claim, both parents and clinicians tend to believe that infants, toddlers and.
Dissemination of CPP in Israel

• Senior clinicians and leaders in the field learn CPP
• Research Questions
  – To what degree are clinicians implementing CPP
  – What is the clinician’s experience of learning and implementing CPP

David & Schiff, 2015
Methods

39 clinicians trained in CPP  
Cohort 1: n=19  
Cohort 2: n=20

Focus group (n=6)  
5 women & 1 man from Cohort 1

Cross-sectional survey n=39

- Developers trained two cohorts  
  - Cohort 1: n=19  
  - Cohort 2: n=20

1. What brought you to this program?  
2. What are the factors helping you to use CPP?  
3. What factors are hindering your use of CPP?  
4. How has the program affected you professionally?

- # CPP cases treated  
- # treated using CPP informed treatment  
- Intent to use CPP  
- Amount of CPP supervision received

David & Schiff, 2015
Focus Group Results

What brought you to this program?

• Workplace needs
  – We received many referrals of very young children with trauma and were looking for a way to work with them
• Learning something new
• The teachers (Alicia Lieberman and Patricia Van Horn)
• The desire to be a leader in its dissemination
Focus Group Results

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-base (one person)
Focus Group Results

Factor hindering use of CPP

• Agency wariness of new practices
• Shifting from individual to dyadic therapy
• Clinical toll:
  – Too much work: Inundated with new cases
  – Felt lonely using it (first therapists in Israel to learn CPP)
  – Secondary trauma
• Lack of ongoing supervision

David & Schiff, 2015
Focus Group Results

How did the training program affect you professionally

- Knowledge and motivation to work with very young children
- Knowledge and professional stance regarding the importance of addressing effects of trauma on early childhood and parenting
- Empathic and understanding stance towards very difficult families
- Ability to grow professionally by disseminating CPP

• Principles of CPP helpful in doing therapy beyond CPP

David & Schiff, 2015
Quantitative Results

97.5% intend to use CPP in the future

CPP Cases Treated

- CPP3+ cases: 54
- CPP: 1-2 cases: 44
- CPP informed: 95

CPP Supervision

- None: 48.7%
- Irregular: 25.6%
- Monthly: 12.8%
- Every two weeks: 12.8%

Amount of supervision positively associated with use of CPP

David & Schiff, 2015
## CPP Informed Treatment

<table>
<thead>
<tr>
<th>CPP Informed-Treatment Element</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>At intake ask about past and current trauma</td>
<td>87.2</td>
</tr>
<tr>
<td>Did dyadic therapy with a child over 6</td>
<td>64.1</td>
</tr>
<tr>
<td>Spoke to parent about the trauma child experienced</td>
<td>92.3</td>
</tr>
<tr>
<td>Spoke to parent about the effects of trauma on his/her parenting</td>
<td>89.7</td>
</tr>
<tr>
<td>Focused on trauma in the treatment of a child</td>
<td>69.2</td>
</tr>
<tr>
<td>In collateral work, told about the traumatic background</td>
<td>82.1</td>
</tr>
</tbody>
</table>
CHILD-PARENT PSYCHOTHERAPY
EXAMINED IN A PERINATAL SAMPLE:
DEPRESSION, POSTTRAUMATIC STRESS
SYMPTOMS AND CHILD-REARING ATTITUDES

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This pilot study examined the potential impact of a perinatal adaptation to Child-Parent Psychotherapy (CPP), an evidence-based treatment for traumatized mother-child dyads, on maternal functioning 6 months post-partum among women with history of complex trauma and current intimate partner abuse. Pregnant women (n = 64) enrolled during the third trimester of their pregnancy. Mean gestational age = 27.48 weeks, range of 12 to 40 weeks, and participated in weekly perinatal CPP sessions until their infant was 6 months old. Women completed measures of trauma history, depression, posttraumatic stress symptoms (PTSS), and child-rearing attitudes at pre- and post-treatment. Results showed decreases in depression and PTSS from pre- to post-treatment assessments, as well as an increase in positive child-rearing attitudes. As hypothesized, women with low maternal-fetal attachment demonstrated the greatest improvement in depression, PTSS, and child-rearing attitudes compared to women with high maternal-fetal attachment. The current study provides promising results indicating that a perinatal

*decreased.

This study was conducted with the generous grant from the Hedges Funds Care Foundation and was supported by the European Commission Marie Curie International Outgoing Fellowship awarded to the first author.

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Perinatal CPP: Goals

• Treatment begins during pregnancy and lasts 6 months postpartum
• Overarching goals
  – Promote
    • 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/behavior and mother’s experience of current and past trauma

Lieberman, Diaz, & Van Horn 2009
Perinatal CPP: Treatment Structure

• During pregnancy
  – Woman's experience of pregnancy
  – Fantasies, fears, attributions, and hopes for unborn child

• 2-4 weeks after birth: Begin dyadic mother-baby sessions
  – Experience of labor and delivery
  – Perception of newborn
  – Moment to moment mother-baby interactions

Diaz, Van Horn, & Lieberman, 2008
Perinatal CPP: 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

Diaz, Van Horn, & Lieberman, 2008
Perinatal CPP: Participants and Treatment

- Pregnant women identified by hospital social worker as feeling unsafe in their relationship with their partner
- 86% Latina
- Age 18-40 ($M = 27.48; SD = 8.87$)
- Gestation: Range 12-42 weeks ($M = 27.48$)

- Pre to post-test comparison
- Average # treatment sessions was 27 (range 12-29)

Lavi, Gard, Hagan, Van Horn, & Lieberman, 2015
**Treatment Groups**

- During pre-treatment assessment
- After assessment until birth
- After birth before post assessment

116 Pregnant Women

- CPP Attrition, n=22
- CPP Post, n=76

- CPP Attrition, n=18
- CPP n=64* (1 mom still in treatment and not included in analyses)

Attritors: Significantly lower SES and Depression scores. No difference in maternal age, gestational age, Posttraumatic stress symptoms, maternal fetal attachment.

Lavi, Gard, Hagan, Van Horn, & Lieberman, 2015

*93*
**Intervention Effects**

- **Depression**
  - Pre: 27.88
  - Post: 12.84
  - $\lambda = .53, F_{(1,63)} = 55.32^{***}$, $d = .94, \eta^2 = .47$

- **Posttraumatic Stress**
  - Pre: 54.35
  - Post: 25.09
  - $\lambda = .50, F_{(1,62)} = 61.40^{***}$, $d = .99, \eta^2 = .50$

- **Positive Child Rearing Attitudes**
  - Pre: 131.9
  - Post: 148.7
  - $\lambda = .53, F_{(1,63)} = 49.85^{***}$, $d = .95, \eta^2 = .47$

Reference:
Lavi, Gard, Hagan, Van Horn, & Lieberman, 2015
Additional Findings

- Treatment effects were moderated by initial maternal fetal attachment
  - Greater improvement for those with low fetal attachment
  - Found for depression, posttraumatic stress symptoms, and child-rearing attitudes
- Treatment effects did not vary according to treatment dosage

Lavi, Gard, Hagan, Van Horn, & Lieberman, 2015
CPP Therapists and Research Staff
Thank you!!
Therapists

Preschoolers Exposed to Domestic Violence

- Laura Castro
- Consuelo Cavalieri
- Jill Colton
- Nancy Compton
- Manuela Diaz
- Susan Evans
- Chandra Ghosh Ippen
- Miles Gilliom
- Julie Gross
- Liz Lujan
- Simone Maciejewsky
- Laura Mayorga
- Amy Nilson
- Emily Ozer
- Juliet Stamper
- Edie Walden
- Gabriel Ybarra
Additional Research Contributors

Preschoolers Exposed to Domestic Violence

- Jessica Borelli
- Michelle Broth
- Donna Davidovitz
- Jennifer Eggert
- Mary Jo Hutteman
- Carole McKindley

- Griselda Oliver Bucio
- Andrea Scott
- Carla Smith Stover
- Maria Torres
- Susan Wilkens
- Nancy Wu
Therapists

Maltreated Preschoolers

- Jodi Aman
- Alisa Hathaway
- Sarah Vanbortel
- Kathy Joslyn
- Rosemary Lum-Levine
- Brenda Ortolaza-Caraballo
- Robin Sturm
- Deborah Welker
- Andrea Burgio
- Emma Forbes-Jones
- Helena Kopecky
- Jennifer Laguardia
- Jennifer Rasi
- Suzanne Wilson
Infants from Families with a History of Maltreatment

- Hope Wegman
- Jodi Aman
- Brenda Ortolaza-Caraballo
- Robin Sturm
Therapists

Anxiously attached infants of Latina immigrant mothers
• Cristina Casero
• Marta Martinez
• Rut Gubkin
• Maria Alvarez
Toddlers with Depressed Moms

- Barbara Fox
- Michelle Parker
- Kristina Rauscher
- Elizabeth Sather
- Jodi Steigerwald
Therapists: Perinatal CPP

- Manuela A. Diaz
- Griselda Oliver
- Maria A. Torres
- Nancy Compton
- Amy Bush
- Laura Castro
- Melanie Clemons
- Dafna Izcovich
- Amy Klatzkin
- Megan McKellogg
- Holly Metz
- Ivania Molina
- Carol Nathan
- Natalie Portia
- Dhara Thakar
References

Preschoolers Exposed to Domestic Violence


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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
