

◆ 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 and 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 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 to create a joint narrative of the traumatic event and to identify and address traumatic triggers that generate dysregulated behaviors and affect.

◆ CPP with Preschoolers Exposed to Domestic Violence

Lieberman, Van Horn, & Ghosh Ippen (2005) conducted a randomized controlled trial of CPP for children (37% mixed ethnicity, predominantly Latino/Caucasian, 28% Latino, 14.5% African American, 10.5% White, 7% Asian, and 2% of another ethnicity) referred because they had witnessed domestic violence. At post-treatment, CPP children showed significantly greater reductions in total behavior problems and traumatic stress symptoms. CPP mothers showed significantly greater reductions in avoidant symptomatology. Results from the 6-month follow up suggested that improvements in children's behavior problems and maternal symptoms continued after treatment ends (Lieberman, Ghosh Ippen & Van Horn, 2006). A reanalysis of these data showed that CPP children with four or more traumatic or stressful life events showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems. The mothers of these same children also showed greater reductions in PTSD and depression symptoms (Ghosh Ippen, Harris, Van Horn & Lieberman, 2011).

◆ CPP with Maltreated Preschoolers

Toth et al. (2002) examined the efficacy of CPP to alter preschoolers' representations of their mothers and themselves. These representations, also known as schema or internal working models, are thought to form the basis of children's future relationship expectations. Maltreated preschoolers are likely to have negative models of relationships. The study included 112 maltreated preschoolers; 76.2% self-reported as ethnic minorities. Abuse types included physical abuse, sexual abuse, emotional maltreatment, and neglect, with 60% of children experiencing more than one form of maltreatment. Findings suggested that the CPP intervention was more effective in improving representations of self and caregivers.

◆ CPP with Maltreated Infants

Cicchetti et al. (2006) examined the relative efficacy of a relationship-based versus a behavioral intervention in changing maltreated children's attachment classification. Participants included 137 12-month infants and their mothers. Of the mothers, 74.1% were reported to be ethnic minorities. Results indicate significantly greater change in attachment classification when compared to community standard treatment. One year follow-up after the completion of treatment showed sustained attachment security in maltreated children (Stronach, Toth, Rogosch, & Cicchetti, 2013). Infant cortisol regulation appeared at mid-intervention and sustained through post-intervention and one year follow-up (Cicchetti, Rogosch, Toth, & Sturge-Apple, 2011). Maternal psychological stress, physiological stress, and cortisol functioning also improved at post-intervention and one year follow-up (Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015).

◆ CPP with Anxiously Attached Latino Infants

Lieberman, Weston, and Pawl (1991) examined 93 Latino immigrant mothers and their infants aged 11-14 months. Participants were randomly assigned to intervention or comparison group; results were also compared to a control group of securely attached mother-child dyads. Treatment outcome comparisons

showed that CPP toddlers scored lower than comparison group toddlers in avoidance, resistance, and anger and scored higher in partnership with mother. Mothers in the CPP intervention group had higher scores in empathy and interactivenss with children as compared to mothers in the comparison group. The CPP group did not differ from securely attached control group on any outcome measures.

◆ CPP with Toddlers of Depressed Mothers

Mothers who met DSM-III-R criteria for major depressive disorder were recruited with their toddlers who were approximately 20 months of age. 100 depressed moms (mostly Caucasian) were randomly assigned to CPP and comparison group; results were compared to a control group of 63 non-depressed moms. Studies analyzing data from this sample indicate that CPP children showed significant improvements in attachment security and cognitive scores (Cicchetti et al., 1999; Cicchetti et al., 2000; Toth et al., 2006). Analyses showed that children who received CPP were more likely to show secure attachments at post-intervention, which in turn was associated with more positive peer interactions at school-age (Guild et al., 2017). Mothers in the CPP group also reported increased marital satisfaction (Peltz et al., 2015).

◆ CPP with Culturally Diverse Children in Foster Care

Lyons (2008) 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 and Structured Psychotherapy for Adolescents Responding to Stress (SPARCS) were implemented with older children. Results indicated that CPP was universally effective across racial/ethnic subgroups and significantly reduced placement interruptions. The number of CPP sessions predicted improvement in traumatic stress symptoms.

◆ CPP Adaptation: Perinatal CPP

Lieberman and colleagues adapted CPP for 116 pregnant women (86% Latina) identified by hospital social worker as feeling unsafe in their relationship with their partner. Perinatal CPP begins during pregnancy and lasts until 6 months postpartum. It promotes maternal self-care, attunement to child, and responsiveness to infant's signals. Treatment addresses potentially maladaptive maternal attributions and caregiving behaviors by exploring the link between attributions/behaviors and mother's experience of current and past trauma. It also addresses woman's experience of pregnancy: fantasies, fears, attributions, and hopes for unborn child. At 2-4 weeks after birth, dyadic mother-baby sessions begin to address experience of labor and delivery; perception of newborn; moment to moment mother-baby interactions. Treatment effects were moderated by initial maternal fetal attachment in that mothers with low fetal attachment showed greater improvement in depression, posttraumatic stress symptoms, and child-rearing attitudes as compared to mothers with high fetal attachment (Lieberman, Diaz, Van Horn, 2009; Lavi et al., 2015).

◆ Dissemination of CPP in Israel

Lieberman and Van Horn trained 39 senior clinicians and leaders in the field in CPP. The first cohort comprised 19 participants and the second cohort included 20 participants. Focus group of 6 randomly selected participants from either cohort explored reasons that participants chose the training, factors that facilitated or hindered the use of CPP, and how the training impacted their practice. Participants reported an overall positive experience of CPP training and increase in their knowledge and attitude toward working with families with young children (David & Schiff, 2015).

◆ 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/>
- Oregon.gov Additions and Mental Health Approved Practices and Process: <http://www.oregon.gov/OHA/mentalhealth/ebp/practices.shtml>