

Child-Parent Psychotherapy

Intervention for Young Children Exposed to Trauma

Basic Overview

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Disclaimer

- I am already trained/rostered in CPP, but I am not a CPP Trainer.
- This is not an official presentation of the CPP Training community.
- The purpose of this presentation is to give you a brief overview of CPP. It does not constitute receiving training in CPP.

“Interpersonal violence, especially violence experienced by children, is the largest single preventable cause of mental illness. What cigarette smoking is to the rest of medicine, early childhood violence is to psychiatry.”

- Steve Sharfstein (2006)

For More information on CPP Training Go To

- <https://childparentpsychotherapy.com/providers/training/>

CPP Resources

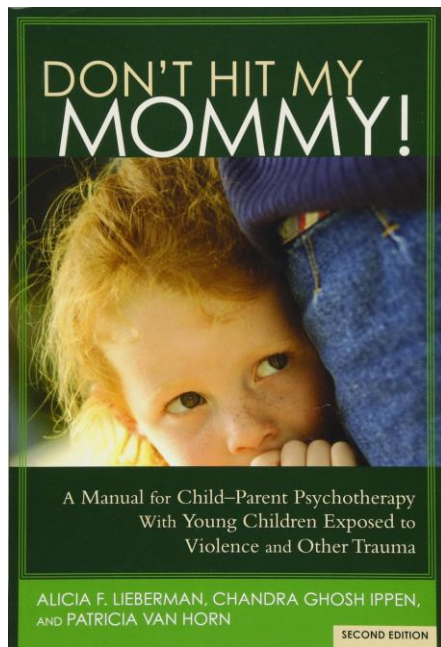
Visit: <https://childparentpsychotherapy.com/providers/implementationtools/>

- CPP Manuals (information)
- Fidelity Instruments
- Brochure & Screener
- CPP Toolkit (coming soon)
- Connect with us on Facebook and Pinterest (links at the bottom of each page of the website)

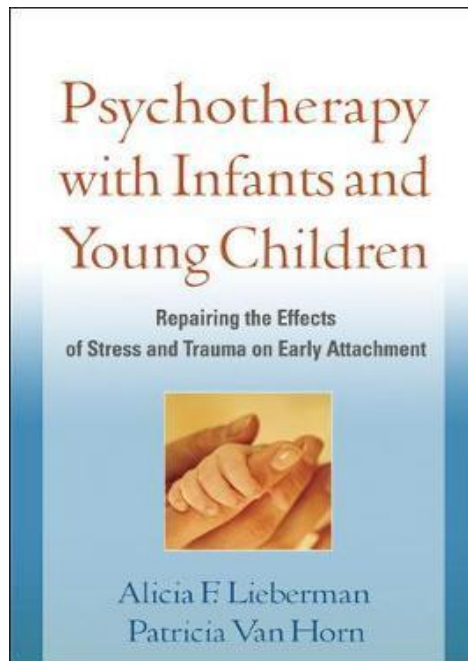
And much more ...



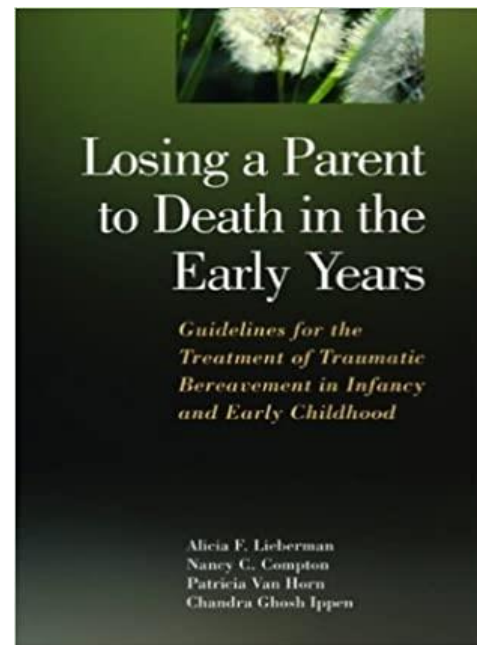
CPP Reference books: Alicia Lieberman et al



Don't Hit My Mommy!



Psychotherapy with Infants and Young Children



Losing a Parent to Death in the Early Years

Child-Parent Psychotherapy

Diversity Equity and Inclusion Statement

The Child-Parent Psychotherapy (CPP) community believes that holding a **Diversity, Equity, Inclusion and Racial Justice lens** is central to our work as CPP Trainers, Supervisors, and Providers. This stance is a core aspect of clinical competence and reflective practice that we seek to strengthen actively and continuously.

We work to acknowledge ruptures in safety and rebuild protection. Our gaze needs to turn not only to ruptures at the **family level but also at a societal and sociocultural level**, recognizing ongoing and historical oppression and trauma that too many groups have experienced. As we do this, we honor that sources of protection include cultural strengths and ancestral wisdom.

We commit ourselves to **being culturally accountable to each other** and to our clients in every interaction. Both in the moment and in hindsight, we strive to engage in reflective awareness and action-oriented practices, policies, and procedures for the purpose of **dismantling historical and institutional racism and discrimination**.

Speaking the unspeakable sheds light on truth and opens the door to healing. These efforts require sustained energy and open-ended, courageous dialogue. We devote ourselves to creating learning spaces that support ongoing growth, development, and action.

How Do Trauma and Separations Affect Relationships?

- https://www.youtube.com/watch?v=WBB_bRRELbg
- <https://www.youtube.com/watch?v=EdorCVa7qYM>

Child Parent Psychotherapy

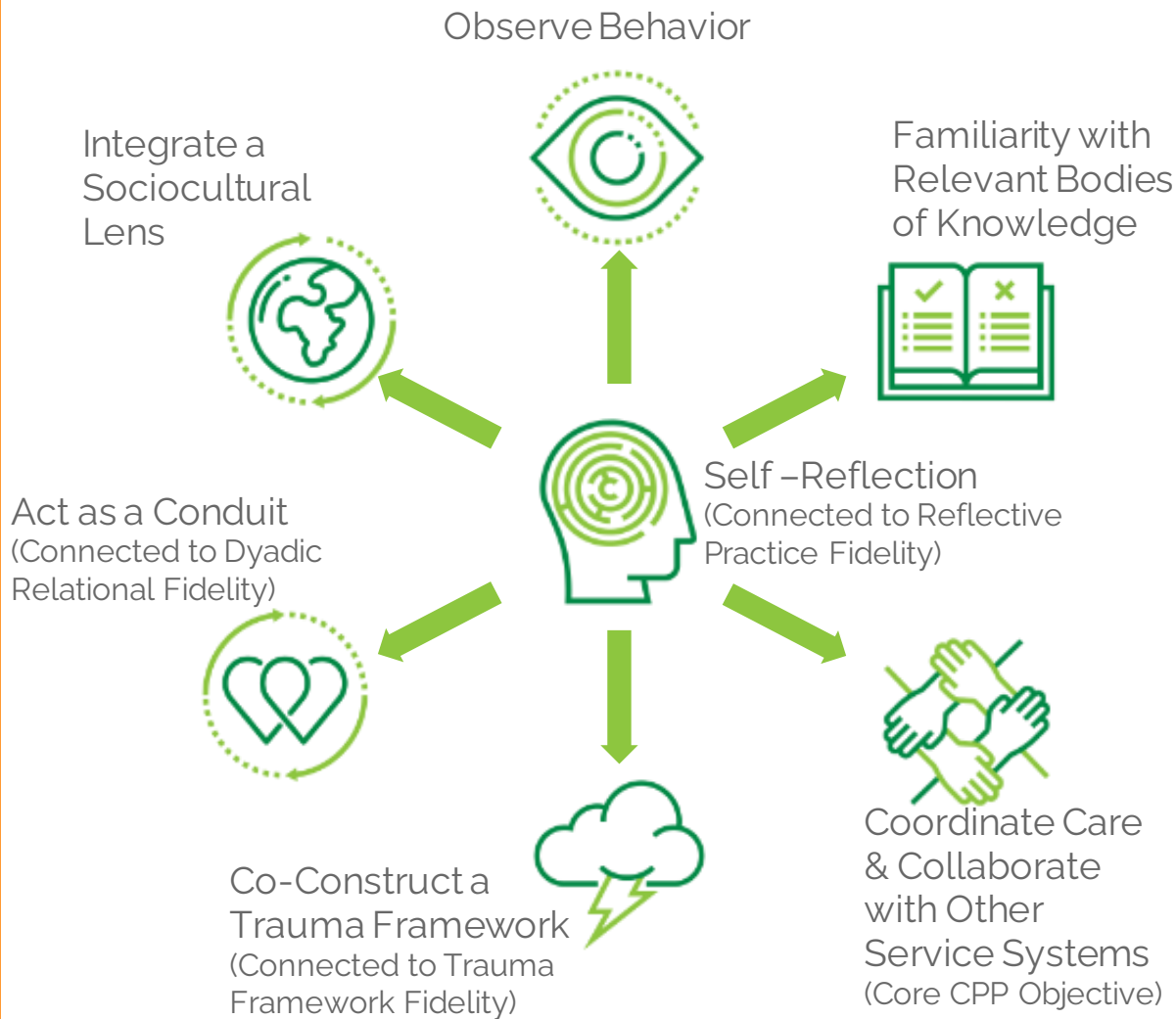
- CPP is designed to repair the behavioral and mental health problems of infants, toddlers, and preschoolers whose most intimate relationships are disrupted by experiences of maltreatment, violence, and other forms of trauma that shatter the child's trust in the safety of attachments.

Child Parent Psychotherapy

- Although the primary focus is on children exposed to domestic violence, the intervention strategies also apply to many other forms of child maltreatment and trauma, including emotional, physical, and sexual abuse; exposure to community violence; accidental injuries; and painful illnesses and medical procedures.



CPP Wheel of Competencies



Theoretical Integrations

- **Developmentally informed**
- Psychodynamic theory
- Attachment theory
- Trauma theory
- Somatic/experiential interventions
- Social learning processes
- Cognitive-behavioral strategies
- System-level partnerships
- **Culturally attuned**

(Lieberman & Ghosh Ippen, & Van Horn, 2015)



Does CPP Work & For Whom?

- 5 Randomized Controlled Trials
 1. Preschoolers exposed to domestic violence
 2. Maltreated preschoolers
 3. Infants from families with a history of maltreatment
 4. Anxiously attached infants of Latina immigrant mothers
 5. Toddlers with depressed mothers
- 1.
 - N = 500 children and mothers
 - Range of SES, multicultural samples

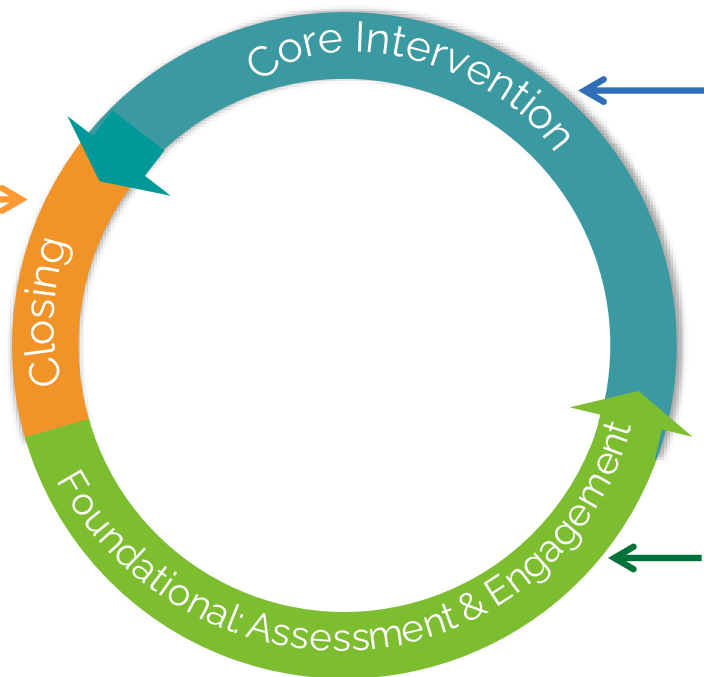
Does CPP Work & What Changed?*

- Improved relationship quality of anxiously attached toddler-mother dyads Lieberman et al., 1991
- Improved attachment security, cognitive development, and parental relationship satisfaction in toddlers and their mothers with depression Toth et al., 2006; Cicchetti et al., 2000; Peltz, Rogge, Rogosch, Cicchetti, & Toth, 2015
- Decreasing maladaptive maternal representation and negative self-representations in maltreated preschoolers Toth et al., 2002
- Improved child behavior problems and trauma-related symptoms and maternal symptoms in preschooler-mother dyads exposed to domestic violence Lieberman et al., 2005; Lieberman et al., 2006; Ghosh Ippen et al., 2011
- Improved attachment security and physiological regulation in maltreated infants Cicchetti, Rogosch, & Toth, 2006; Cicchetti et al., 2011; Stronach, Toth, Rogosch, & Cicchetti, 2013; Cicchetti, Rogosch, & Toth, 2011

* Select findings; See <http://tinyurl.com/CPPresearchsummary> for a summary of the research

CPP Treatment Phases

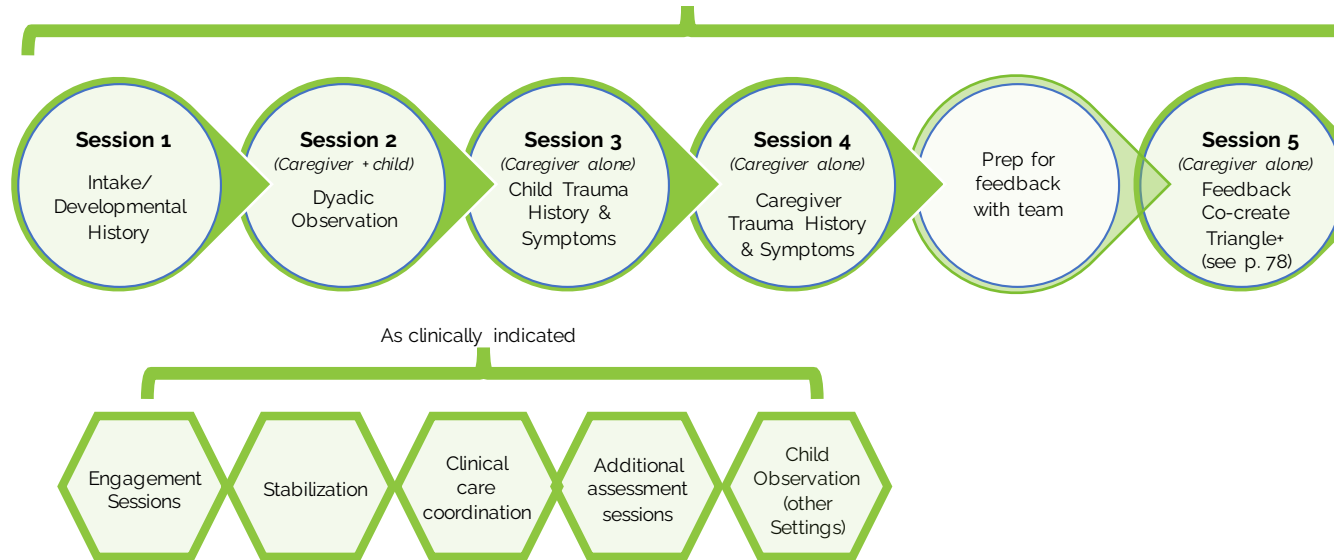
- Review treatment
- Consolidate treatment gains
- Address potential future challenges



Conduct treatment guided by case conceptualization and triangle co-developed with caregiver

- Develop a collaborative relationship
- Open dialogue about risk and protective factors
- Ways treatment may help

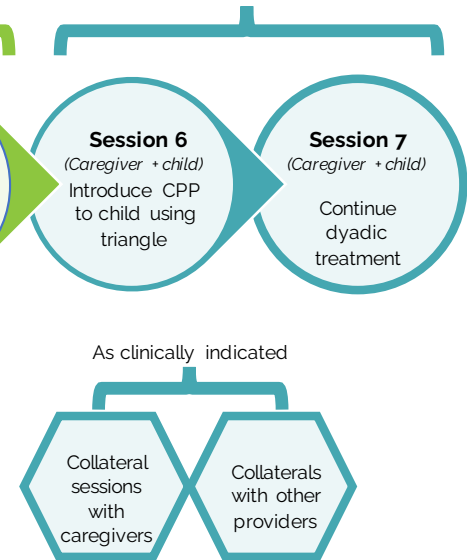
Foundational Phase: Assessment and Engagement



Foundational Phase: Tips

- Caregiver only except for dyadic observation
- "Do not target for change that which we don't yet understand"
- *Don't Hit My Mommy* p 59-85
- Assessments:
 - Child Trauma History: THS or TESI
 - Child Symptoms: YCPC or CPSS
 - Caregiver Trauma History: LCS
 - Caregiver Symptoms: PCL-5, CESD-R, PSI

Core Intervention



Core Intervention: Tips

- *Don't Hit My Mommy* p 86- 186
- Introduce CPP triangle to child
- Make space for child to show their experience

CPP: Triangle of Explanations

Protective Steps
Highlight when
caregiver tried to help or
created safety

Experience

- You saw ...
- You heard ...



Hope
Things can change for
the better

Behavior, Feelings
And now you ...

Treatment
This is a place where ...

Lieberman & Ghosh Ippen 2014

Triangle of Explanations

- <https://www.youtube.com/watch?v=L13-i7g26lo>

Therapeutic Goals

- Encourage the child's return to a normal developmental trajectory
- Maintain regular levels of affect arousal
- Achieve reciprocity in intimate relationships
- Restore and strengthen relationship between child & parent
- Help restore attachment and appropriate affect
- Improve cognitive, behavioral, and emotional functioning

(Lieberman, Ghosh Ippen, & Van Horn, 2015)

Therapeutic Stance: Pillars of a Therapeutic Attitude

- Notice feelings in the moment
- Find connections between experiences
- Translate meanings between parent and child
- Dare to bring up traumatic events
- Remember the suffering under the rage
- Seek out the benevolence in the conflict
- Offer kindness
- Encourage hope
- Remain curious and seek to understand



(Lieberman, Ghosh Ippen, & Van Horn, 2015)

Intervention Modalities

- Use of play, physical contact, and language towards developmental goals
- Unstructured developmental guidance
- Modeling protective behaviors
- Interpretation: linking past and present
- Emotional support
- Concrete Assistance, Case Management, Crisis Intervention

(Lieberman, Ghosh Ippen, & Van Horn, 2015)

Port of Entry: Definition



- Clinical opportunity
- Unit of intervention in CPP
 - Session in other interventions
- Developmentally appropriate unit of intervention for work with young children

Child Parent Psychotherapy: A Two Generation Approach

- <https://www.youtube.com/watch?v=gg6sqCEMj6A>

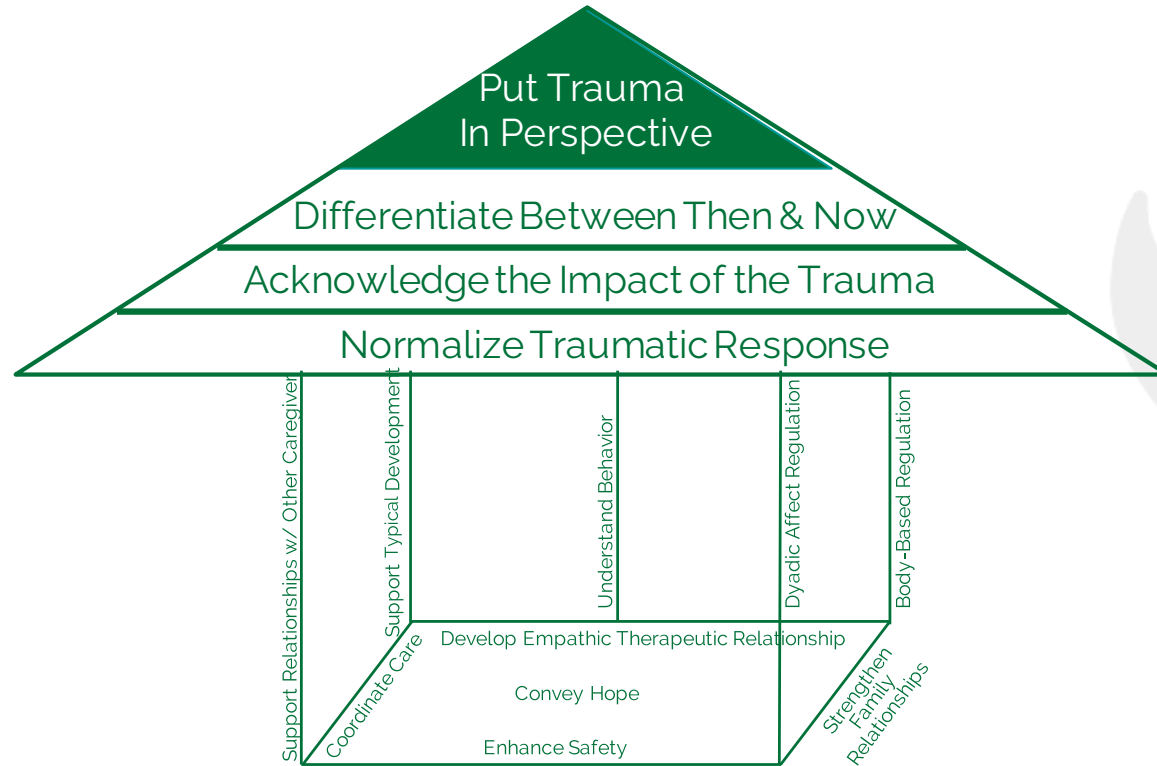
CPP Fidelity: Six Interconnected Strands

Six Strands of Fidelity

- Reflective Practice
- Emotional Process
- Dyadic Relational
- Trauma Framework
- Procedural
- Content



CPP Objectives: House Metaphor



Thank you

“It is easier to build strong children than to repair broken adults.”

- F. Douglas

