

## Program Overview: Child Parent Psychotherapy

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
<b>Program Name</b>	Child Parent Psychotherapy (CPP)	Also known as Child Parent Psychotherapy for Domestic Violence, Infant-Parent Psychotherapy when used with infants, and Child-Parent Psychotherapy for Family Violence ( see below )
<b>History of Program</b>	Originally designed to use with parents and children who witness domestic violence, Child Parent Psychotherapy (CPP) and Infant Parent Psychotherapy (IPP, an adaptation for infants) is based on attachment theory, but combines and integrates principles from multiple theories (developmental, trauma, social-learning, psychodynamic and cognitive-behavioral theories) to parents and their children recover from exposure to violence. This program is also called Child-Parent Psychotherapy for Family Violence (CPP-FV), as it is being evaluated with families who experience multiple forms of familial violence by different members of the Early Trauma Treatment Network.	
<b>Description of Program as it Relates to addressing Children's Exposure to Violence</b>	Child Parent Psychotherapy (CPP) is a dyadic, relationship-based treatment for parents and young children that helps restore normal developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent-child relationship and addressing the co-constructed meaning of the event or trauma shared by parent and child. Sessions focus on parent-child interactions to support and foster healthy coping, affect regulation, and increased	

Highlighted text indicates program components are currently under review. Changes may be pending.

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	<p>appropriate reciprocity between parent and child. Parent guidance on child development, behavioral management, as well as crisis intervention and case management are provided as needed in an unstructured way. CPP has been shown to improve both maternal and child functioning, as well as improve the parent-child attachment relationship.</p>	
<b>Service Continuum</b>	<p>Primary/Universal Prevention Secondary/Selective Intervention Tertiary/Targeted Intervention</p>	blank
<b>Primary Exposure Type</b>	<p>Domestic Violence Maltreatment (non-specific)</p>	
<b>Target Population</b>	Family Systems	blank
<b>Target Age</b>	<p>0 - 2 Early Childhood (3-5)</p>	0-6
<b>Target Gender</b>	Both	
<b>Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?</b>	<p>Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes If yes, please indicate: Latino/Hispanic African American Indian American Asian American Caucasian</p>	
<b>What Adaptations have been made?</b>	<p>CPP developers describe the intervention as flexible enough to be used with persons from diverse cultural, ethnic and socio-economic backgrounds and those with varying acculturation experience. CPP has been used with recent immigrants, and has been evaluated with low-income, Spanish-speaking mothers and their infants.</p>	

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<b>Primary Settings</b>	Homes (biological) Foster Care Homes or System Mental Health Community Agency	
<b>Persons or Entities in charge of delivering Program</b>	Home Visitors Mental Health Providers (e.g., Social Workers, Therapists)	
<b>Primary Components</b>	Assessment/ Triage/Screening Case Management Home-Visiting Con-joint parent-child treatment Parent/ Family Support Services <b>Other</b> (Please describe): Dyadic Parent-Child therapy (can involve multiple caregivers, but typically includes one primary caregiver)	blank

## Resource & Capacity Planning

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<b>Length/ Duration of Program</b>	1-1.5 hour weekly sessions is recommend for an average number of session is 50	
<b>Required Materials</b>	Manuals/Program materials Fidelity Checklists/Assessments	<p>Video/ Audio recording of sessions is not required in all cases, but is recommended based on training needs.</p> <p>Manual is available at: Lieberman, A. F. &amp; Van Horn, P. (2005). "Don't hit my mommy!": A manual for Child-Parent Psychotherapy with young witnesses of family violence. Washington, D.C.: Zero to Three Press.</p> <p>Further information on delivery of Model is available at: Lieberman, A. F., &amp; Van Horn, P (2008). <i>Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment</i>. Guilford Press.</p> <p>Guidelines to treating traumatic bereavement within the model are available at: Lieberman, A. F., Compton, N., Van Horn, P. &amp; Ghosh Ippen, C. (2003). <i>Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and early childhood</i>. Washington, D.C.: Zero to Three Press.</p>
<b>Are Materials Available in Multiple Languages?</b>	Assessments are available in Spanish	
<b>Training Requirements</b>	Face-to-face training Supervision Consultation	Developers are currently evaluating a three-phase training model through the NCTSN which is comprised of a

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		year-long training sequence involving 3-5 day didactic training, weekly, bi-weekly, or monthly phone consultation, weekly review of taped sessions, and periodic face-to-face, day-long booster sessions .
<b>Provider Certification/ Training/ Requirements</b>	<p>Program Specific Certification/Training Required</p> <p>Special Service Area Required (e.g., Social Worker, Doctor)</p>	CPP is primarily provided by master's degree professionals in psychology, or social work with parent and child mental health experience and training, or trainees in psychiatry or mental health services, such as pre-doctoral interns. CPP has been provided by unlicensed clinicians and by those with no previous experience with child-parent psychotherapy. In these cases continuous weekly clinical supervision in CPP is required.
<b>System or Agency Recommendations for Serving CEV Populations</b>	<p><b>With-in Agency Support &amp; Infrastructure:</b></p> <p>Helpful components include having a playroom appropriate for young children, having the capacity to video tape sessions, time for session review and supervision/ consultation.</p>	blat
<b>Costs of Implementation</b>	Training & Consultation: \$1,500/day	

## Evidence for CEV

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<b>Evidence for Preventing or Addressing Violence Exposure</b>	In general, when implemented with a high degree of fidelity (effectiveness), these programs demonstrate <i>robust empirical findings</i> in preventing children's exposure to violence or ameliorating the effects of exposure, using a <i>reputable conceptual framework</i> and an evaluation <i>design of the highest quality</i> , and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).	
<b>Evaluation Design of Studies with Children's Exposure to Violence</b>	Randomized, control experimental design Pre- and post-test (no comparison group)	Blank
<b>Violence Exposure-Related Outcomes</b>	<p><b>Child</b> (Briefly Describe) Compared to children receiving treatment as usual (case management and individual psychotherapy as needed), children receiving CPP s showed significant improvements in behavioral difficulties and reductions in traumatic stress symptoms. Significant reductions in children's behavioral difficulties for the CPP group maintained at 6-month follow-up.</p> <p>Independent research evaluations have also shown positive changes in maltreated children's beliefs (representations) of themselves and their caregivers and increased attachment security among maltreated infants and toddlers who participated in adaptations of CPP for young children (Infant Parent Psychotherapy). Infants in the IPP group showed significant changes in their attachment security, with over half of the participating children moving from insecure to secure attachments (and none moving from secure to insecure), where as children 18% of the children in the non-maltreated comparison went from secure to insecure attachments.</p>	

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	<p><b>Parent</b> (Briefly Describe)            Mothers receiving CPP mothers showed significantly greater reductions in PTSD avoidant symptomatology compared to mothers receiving treatment as usual (mothers in both groups showed significant improvements in self-rated distress). Results from the 6-month follow up indicated that compared to the control group, mothers in CPP showed significant reductions in their self-reported psychological distress at 6 month follow-up, suggesting a possible sleeper effect. CPP has also been shown to improve mother-child relationship expectations.</p>	
<p><b>Additional Research Information</b></p>	<p><b>Study 1:</b>  <b>Design, Setting, Participants:</b> 59 mothers living without partners due to domestic violence and their children (3-6 years old) completed an average of a year of CPP sessions. All mothers had experienced many lifetime stressors and traumas, including domestic violence and maltreatment as children, and traumatic grief and community violence as adults. All parent-child dyads received treatment and were assessed at baseline and 1 year later at termination.</p> <p><b>Outcome Measures:</b> Measures of parental stress and trauma (i.e., Life Stressor Checklist; Clinician-Administered PTSD Scale), the parent-child relationship and interactions (i.e., Parent-Infant Relationship Global Assessment Scale; clinical observations), and children's cognitive and social and behavioral functioning (i.e., Wechsler Preschool and Primary Scale of Intelligence; Child Behavior Checklist) were administered.</p> <p><b>Reference:</b>            Lieberman, A. F., Briscoe-Smith, A., Gosh Ippen, C. Van Horn, P., (2006). Violence in Infancy and Early Childhood: Relationship-Based Treatment and Evaluation. In A.F. Lieberman &amp; R. DeMartino (Eds). <i>Intervention for Children Exposed to Violence</i>, a publication of the Johnson &amp; Johnson Pediatric Round Table Series.</p>	

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	<p data-bbox="410 302 557 331"><b>Study 2 &amp;3:</b></p> <p data-bbox="410 373 1057 1079"><b>Design, Setting, Participants:</b> 75 multi-ethnic children (39 girls and 36 boys, ages 3-5 years) who had witnessed domestic violence or were referred due to concerns related to domestic violence and their mothers were randomly assigned to CPP or Treatment as usual (monthly phone case management/ individual psychotherapy as needed). A total of <b>36 dyads</b> completed 50 weeks of CPP (approximately 60-minute weekly sessions for an average of 39 sessions). <b>29 dyads</b> in the comparison group continued from baseline to follow-up and received a wide range of individual sessions for their children or the mothers . Many participating mothers and their children had multiple experiences of violence in addition to witnessing domestic violence, including being victim of maltreatment and community violence. Implementation fidelity was monitored through weekly supervision and review of case notes. Evaluations were conducted at completion of 1 year, and at a 6-month follow up.</p> <p data-bbox="410 1121 1049 1682"><b>Outcome Measures:</b> Children's emotional and behavioral difficulties were assessed by parent-reported Child Behavior Checklist at baseline, post-intervention, and the 6-month follow-up evaluation. Parents were interviewed by clinicians using the Semistructured Interview for Diagnostic Classification DC: 0-3 for Clinicians to assess children's traumatic stress disorder at baseline and post intervention. Maternal psychological functioning was assessed using the self-report Life Stressor Checklist-Revised and the Symptoms Checklist-90 Revised at all three times points (baseline, completion, and 6-month follow-up). Mothers were also interviewed by clinicians using the Clinician Administered PTSD Scale interview to assess mothers' symptoms of PTSD at baseline and upon intervention completion.</p> <p data-bbox="410 1724 1000 1860"><b>References:</b> Lieberman, A. F., Van Horn, P. &amp; Ghosh Ippen, C. (2005). Toward evidence-based treatment: Child-Parent</p>	

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	<p>Psychotherapy with preschoolers exposed to marital violence. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 44(12), 1241-1248.</p> <p>Lieberman, A. F., Van Horn, P. &amp; Ghosh Ippen, C. (2006). Child-Parent Psychotherapy: 6-month follow-up of a randomized control trial. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 45(8), 913-918.</p> <p><b>Study 4:</b></p> <p><b>Design, Setting, Participants:</b> 122 mothers and their children (4-5 years old) with documented histories of maltreatment were randomly assigned to an adaptation of CPP (Parent Preschooler Psychotherapy, PPP), a parent psychoeducation intervention using home-visitation (PHV), or Community standard (case management) treatment. These interventions were evaluated using a normative, non-maltreatment comparison group of low-income mother-child dyads.</p> <p><b>Outcome measures:</b> Children's self-schemas (representations of themselves, their caregivers, and their relationships) were assessed at baseline and intervention completion using a variety of narrative story-stems. Cognitive functioning was assessed using the Wechsler Preschool and Primary Scale of Intelligence.</p> <p><b>Reference:</b> Toth, Maughan, Manly, Spagneola &amp; Cicchetti (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. <i>Development and Psychopathology</i>, 14, 877-908.</p> <p><b>Study 5:</b></p> <p><b>Design, Setting, Participants:</b></p>	

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	<p>137 infants (average age = 12 months) and their mothers from low-income, high-risk backgrounds, recruited from CPS records, were randomly assigned to home-based Infant-Parent Psychotherapy (IPP), Psychoeducational Parenting Intervention (PPI, a home-visiting program) or Community Standard. Mothers had high levels of trauma histories, social isolation, and negative relationships with family, and showed deficits in understanding appropriate parental behaviors and sensitivity. Non-maltreating parents and their children (N = 52) were also included to serve as low-income, normative comparison. Final analyses included 32 IPP dyads, 21 PPI dyads, and 81 parent-child dyads who declined services or were assigned to the non-treatment (community standard) group, as well as the non-maltreated normative comparison. Post-intervention follow-up evaluations were conducted when infants were 26 months.</p> <p><b>Outcome Measures:</b> Baseline assessments included several measures of maternal functioning, parental expectations, trauma history, and perceived availability of social support. A 3-hour, home-based observation and the Maternal Behavior Q-Set were used to assess maternal sensitivity based on mother-infant interactions at baseline. The Strange Situation was used to assess and classify attachment security or insecurity at baseline and the 6-month post-intervention follow-up.</p> <p><b>Reference:</b> Cicchetti, D., Rogosch, F. A. &amp; Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. <i>Development and Psychopathology</i>, 18, 623-650.</p>	
<p><b>Is this Program an Evidence-Based Practice in <i>other</i> Family/ Youth Development Areas?</b></p>	<p>Yes</p> <p>Endorsements California Clearing House Rated</p>	<p>Program has been shown to be effective in addressing maternal sensitivity, improving relationships among mothers with severe depressive symptoms as well as among children with anxious attachments. Children of mothers suffering from depression have also</p>

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		show gains in age-appropriate cognitive functioning as a result of CPP.
<b>Evaluation Designs of other (non-CEV) evaluations</b>	Randomized, control experimental design	
<b>Sources</b>	Empirical Studies (peer-reviewed journal) Evaluation Conducted by Program California Clearing House: Other (describe): <a href="http://www.nctsnet.org">www.nctsnet.org</a>	

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## Selected Publications/References

Cicchetti, D., Rogosch, F. A. & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-650.

De Arellano, M. A., Ko, S. J., Danielson, C. K., & Sprague, C. M., (2008). *Trauma-informed interventions: Clinical and research evidence and culture-specific information project*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Lieberman, A. F., Briscoe-Smith, A., Gosh Ippen, C. Van Horn, P., (2006). Violence in Infancy and Early Childhood: Relationship-Based Treatment and Evaluation. In A.F. Lieberman & R. DeMartino (Eds). *Intervention for Children Exposed to Violence*, a publication of the Johnson & Johnson Pediatric Round Table Series.

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Toth S. L., Maughan A., Manly J. T., Spagnola M. & Cicchetti D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Developmental Psychopathology*, 14, 877-908.