

Child-Parent Psychotherapy

Intervention for Young Children Exposed to Trauma

Implementation-Level Trainings
Learning Collaboratives





Child-Parent Psychotherapy Overview





Evolution of a Model

Child-Parent
Psychotherapy



Context in Which CPP Evolved



- 1996: Child Trauma Research Program founded at San Francisco General Hospital
- Worked with families who had experienced domestic violence
- Conducted research: Randomized control trial
- Extended Infant-Parent Psychotherapy to children age 3-5
- 2001: Joined the National Child Traumatic Stress Network
- Disseminated CPP via the NCTSN Learning Collaborative model

CPP: Population served

- **Child-Parent Psychotherapy (CPP)** is an intervention model for children aged 0-5 who have experienced (or are experiencing)
 - traumatic events and/ or
 - mental health,
 - attachment, and/ or
 - behavioral problems.

CPP: Theoretical Integrations

- Developmentally informed
- Attachment focus
- Trauma-based
- Psychoanalytic theory
- Social learning processes
- Cognitive-behavioral strategies
- Culturally attuned

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



Assumptions in CPP



- Young children remember their experiences
- Traumatic experiences are encoded in the brain and body (so young children can remember traumatic experiences that occurred before they had words to recall them)
- Caregivers are the best people to help children make meaning of their experiences
- It is good to process and talk about your past experiences
- Young children communicate through behavior and play
- It is good to express your feelings

(Ghosh Ippen, 2012)

CPP: Treatment Sessions

- Therapeutic sessions include the child and parent or primary caregiver.
- Therapeutic sessions are held weekly and, typically, take place over a year.
- A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.

CPP: Targets of Intervention

- Targets of intervention include
 - caregivers' and children's maladaptive representations of themselves and each other
 - 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.

Overarching Treatment Goal

Restore Developmental Progress

- Affect regulation
- Trust in relationships
- Joy in exploration and learning
- Constructive engagement in society

(Lieberman, Ghosh Ippen, Van Horn, 2015)





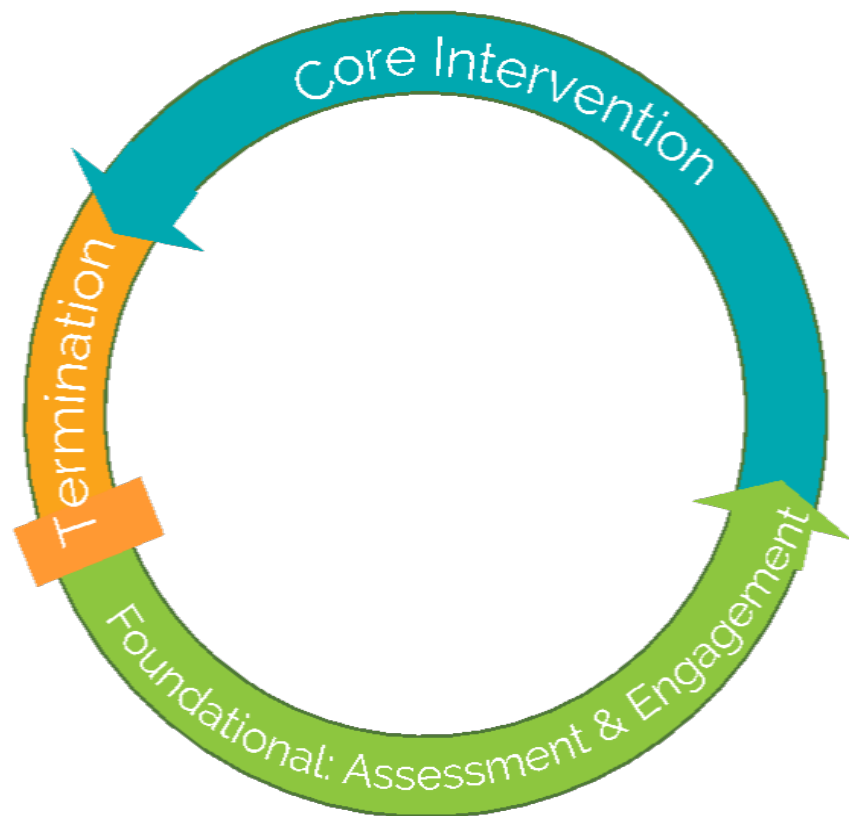
CPP: 3 Treatment Phases

- Foundational Phase: Assessment & Engagement
- Core Intervention Phase
- Recapitulation and Termination

Lieberman, Ghosh Ippen, & Van Horn, 2015



Treatment Phases



Assess & Establish a Trauma Framework

CPP: Evidence Base

- Five randomized control trials have been conducted



Randomized Trial with Families Affected by Domestic Violence

- 75 children age 3-6 years exposed to domestic violence
- Children also experienced other traumas
 - physical abuse (49%)
 - exposure to community violence (46.7%)
 - sexual abuse (14.4%)
- Mothers experienced on average 12-36 stressful life events
- Randomized to CPP or Case Management plus standard community intervention

Lieberman, Van Horn, & Ghosh Ippen, 2005
Lieberman, Ghosh Ippen, & Van Horn, 2006

Randomized Trial with Families Affected by Domestic Violence (Continued)

- Treatment children show greater improvement than comparison group children
 - Traumatic stress symptomatology
 - Diagnosis of Traumatic Stress Disorder
 - Behavior problems
- Treatment mothers show greater improvement
 - Avoidant symptomatology
 - Total PTSD symptomatology
 - General symptomatology
- Improvements in children's and mother's symptoms maintained at 6-month follow-up

Randomized Trial with Families Affected by Domestic Violence (Continued)

- For children who experienced 4+ Traumatic and Stressful Life Events (TSE)
 - CPP group showed significantly greater improvement in
 - » PTSD and depression symptoms
 - » PTSD diagnosis
 - » Number of co-occurring diagnoses
 - » Behavior problems
- CPP children with <4 risks showed greater improvements in
 - PTSD symptomatology
- Mothers of children with 4+ TSEs in the CPP group showed greater reductions in
 - PTSD symptomatology
 - Depression
- Improvements were maintained for the high risk group at 6-month follow-up

Lieberman, Van Horn, & Ghosh Ippen, 2005

Lieberman, Ghosh Ippen, & Van Horn, 2006

Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011

Randomized Trial with Maltreated Preschoolers

- 122 children approximately 4 years old recruited from welfare roles
- 34% sustained physical or sexual abuse
- 60% experienced more than one form of maltreatment
- 76.2% of children noted to be ethnic minorities
- Four groups
 - Child Parent Psychotherapy
 - Home visiting with skills training for mothers and therapeutic preschool for children
 - “Community Standard”
 - Non-maltreated controls

Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002

Randomized Trial with Maltreated Preschoolers (Cont.)

- After treatment
 - CPP group: fewer negative maternal representations
 - Fewer negative self-representation
 - Greater number of positive expectations of parent-child relationship

Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002

Randomized Trial with Maltreated Infants

- 137 children approximately 1 year old recruited from identified maltreating families
- 66.4% had directly experienced neglect or abuse
- 33.6% living in families where their siblings had experienced abuse or neglect
- 74.6% of children noted to be ethnic minorities
- Four groups
 - Child Parent Psychotherapy
 - Psychoeducational Parenting Intervention
 - “Community Standard”
 - Non-maltreated controls

Cicchetti, Rogosch, & Toth, 2006

Randomized Trial with Maltreated Infants (Continued)

- CPP and PPI had similar efficacy in terms of altering children's attachment classifications and were both more significantly different from the comparison group
- Rate of secure attachment (pre to post)
 - CPP 3.1% to 60.7%
 - PPI 0% to 54.5%
- Similar findings for rates of disorganized attachment

Cicchetti, Rogosch, & Toth, 2006



18-Month CPP Learning Collaborative Overview





Historical Roots of CPP

The Importance of Teams



CPP LC Teams

- Typically teams rather than individuals participate in CPP training
- A team ideally consists of
 - Psychotherapists/Clinicians: Ideally 3 or more
 - Supervisor(s): At least 1, ideally more (3 for future sustainability)
 - Senior leader(s): Ideally at least 1

Team Member Activities and Responsibilities

- Psychotherapists/Clinicians
 - Provide direct clinical service
 - Offer feedback about how model aligns with current agency
 - Client population
 - Needs
 - Policies and practices



Team Member Activities and Responsibilities

- Supervisors
 - Provide reflective supervision
 - Responsible for coordinating the learning of the team
 - Knowledge of early childhood development
 - Core skills (e.g. trauma screening)
 - Think with team about how trauma work impacts them and potential shifts in agency policies and practices that may support the work and the team
 - Critical for future sustainability within the agency

Team Member Activities and Responsibilities

- Senior Leaders
 - Individuals who are able to effect agency-level changes
 - Able to make changes to align agency and CPP practices and policies
 - Knowledgeable about funding sources and how current billing practices align with CPP practices
 - Attend any aspects of the LC they can
 - Ideally Learning Session 1 to understand CPP
 - Senior leader calls if included as part of this LC

Rationale for Teams

- Reflective supervision is an integral part of CPP
- Therapists benefit from the support of a team as they learn a trauma treatment. The team works together to...
 - Prevent and address vicarious traumatization
 - Develop a culture of self care and team care
- Team members support each other in considering how historical, contextual, and socio-cultural factors shape perspective and behavior
- Sustainability
 - Particularly important to include multiple supervisors when the goal of participation is sustainability
 - See CPP Agency Mentorship Program (C.A.M.P.) video

Team Members

- Clinical team members must be masters or doctoral-level psychotherapists with a degree in a mental health discipline
- Some trainers may accept MFTIs and Postdoctoral students, but they are not eligible for the roster until they are licensed
- This training is not considered intensive enough for students (e.g. practicum students and psychology interns) to learn the model
 - Students typically require more supervision, training, additional didactics, and more direct contact with families to learn the model

Team Members: Licensure Requirements

- Team members who are not yet licensed must be supervised by a licensed team member who is participating in the LC or who has completed an Implementation-Level CPP training before
- Should that supervisor leave the agency or end his/her participation in the LC, arrangements must be made to have nonlicensed staff supervised by a licensed supervisor who has been or is being trained in CPP

Unlicensed Team Members: If Supervisors Leave

- If there are no available licensed CPP supervisors within the agency, there are two options for continuing.
 - Option 1: A licensed supervisor who has not yet been trained in CPP may serve as supervisor of record
 - At a minimum, supervisor needs to participate in CPP consult calls with supervisee so as to become aware of the model and understand how CPP may influence supervisee's clinical work.
 - New supervisor would not be eligible for the CPP roster unless s/he completes a full CPP Implementation Level course.
 - Unless specific exceptions have been made in consultation with the CPP Development Team, participation in consult calls is not counted towards an Implementation Level Course until after a participant attends the Initial CPP didactic training

Unlicensed Team Members: If Supervisors Leave

- Option 2: The agency could contract separately with a licensed clinical supervisor who is trained in CPP, resides within that state, and is willing to provide clinical supervision and serve as the supervisor of record.

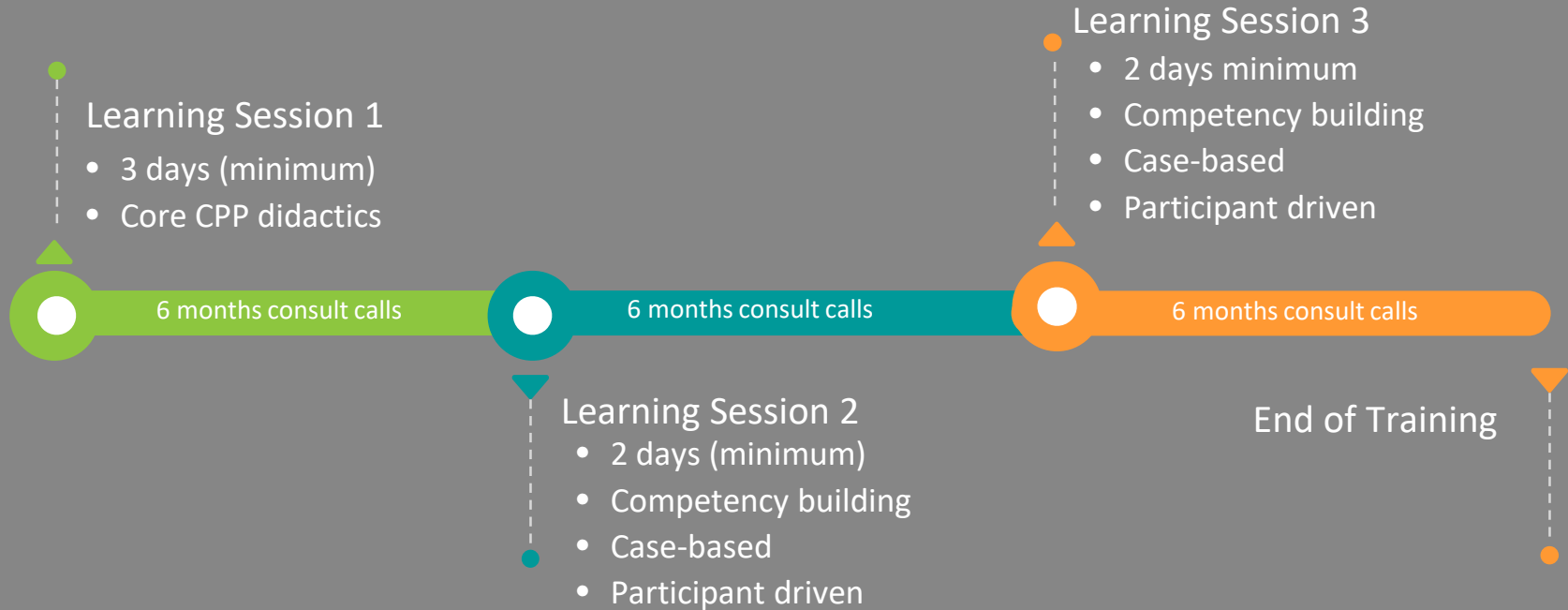




18-Month CPP Learning Collaborative Training Components



18-Month Learning Collaborative Overview



18-Month CPP LC Overview

- Learning supported by 8 required learning components
 1. Didactics (18 hour minimum)
 2. Read CPP manual
 3. Conduct CPP • 2 cases for Supervisor Participants; 4 cases for Clinician Participants
 4. Reflective CPP supervision within the agency
 5. Ongoing consultation calls
 6. Case presentation
 7. Intensive CPP competency building workshops
 8. Fidelity monitoring



CPP LC Components: Didactics

1. Participate in Core CPP Didactics

- 18-hours of didactics
- Typically conducted through a 3-day training
- May be broken into smaller segments



CPP LC Components: Read the Manuals

2. Read the Manuals

- **Required:** Lieberman, A.F., Ghosh Ippen, C., & Van Horn, P. (2016) Don't Hit My Mommy: A Manual for Child-Parent Psychotherapy with Young Children Exposed to Violence and Other Trauma, Second Edition. Washington, DC: Zero to Three.
- **Strongly Recommended:** Lieberman, A.F., & Van Horn, P. (2008). Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment. New York: The Guilford Press.

CPP LC Components: Provide CPP

3. Work with Families Using CPP

- Clinician Participants: At least 4 cases in the 18-month period
- Supervisor Participants: At least 2 cases in the 18-month period
- At least two cases must be treated for at least 16 sessions
 - At least 1 of these must have started from the beginning and included the foundational phase
 - Both must have included dyadic sessions
- For Clinician Participants, the other two families must be seen for at least 4 face-to-face sessions in any treatment phase

CPP LC Components: Provide CPP

3. Work with Families Using CPP (continued)

- For each family
 - Child is under age 6 (at intake)
 - Child has experienced at least one trauma (may include separation from a primary caregiver)
 - For those working with at least 4 families, for one case, one exception can be granted
 - child who is age 6
 - pregnant mother or baby under age 18 months where the caregiver's trauma history is the primary reason for referral

CPP LC Components: Provide CPP

3. Work with Families Using CPP (continued)

- Requirement typically completed during the course of the 18-month LC
- May grant an extension provided that:
 - The participant treated at least one case for at least 16 sessions during the LC
 - The person has completed most of the other components of the LC
 - The person continues in CPP supervision (minimum twice monthly) at their agency with a supervisor trained in CPP until they complete this requirement
 - This requirements is completed within 3 years of finishing an LC

CPP LC Components: Reflective CPP Supervision

4. Participate in Reflective CPP Supervision

- Consistent space where clinicians and supervisors can reflect on their CPP work within their own agencies
- Discuss
 - Impact of trauma on the provider
 - Alignment of CPP and agency procedures
 - Support for learning core CPP competencies (e.g. screening for trauma)
- Team members contribute different perspectives and expertise
- Develop a culture of team learning
- Enhances sustainability

CPP LC Components: Reflective CPP Supervision

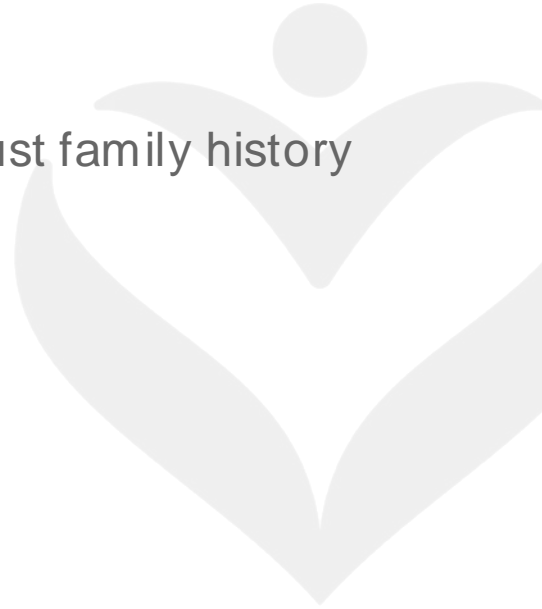
4. Participate in Reflective CPP Supervision (continued)

- Agency supervisors provide CPP supervision
 - Individual or group
 - Ideally once a week
 - Minimum 2x per month (on weeks when there is no consultation call)
- Supervisors may be learning CPP at the same time as clinicians
- Agency supervisors also benefit from reflective consultation and ideally should reflect with either their teams or with another CPP supervisor

CPP LC Components: CPP Consult Calls

5. Participate on CPP Consultation Calls

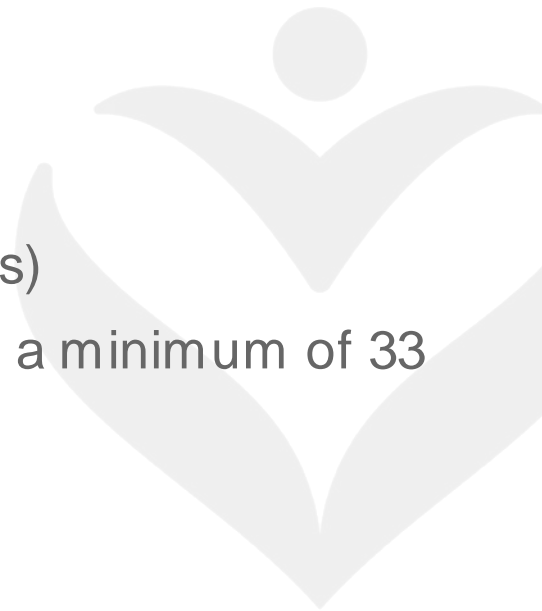
- Case-based learning
- Share your interventions (what you did and said), not just family history
- Not expected to be doing CPP yet
- Consultation on the model not just on the “case”
- Highlight strengths
- Conceptualize the case using CPP
- Look at where the work is reflective of CPP
- Look at divergences from CPP
- Explore alternative ways to intervene



CPP LC Components: CPP Consult Calls

5. Participate on CPP Consultation Calls

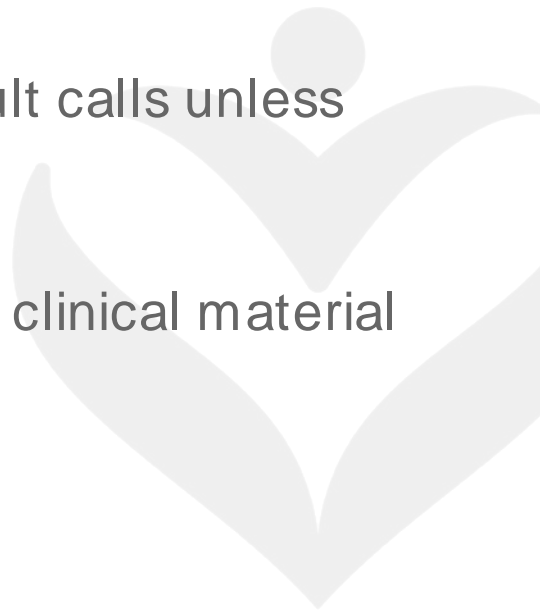
- Attend Consultation Calls
 - 70% of calls
 - Minimum 33 calls held (attend at least 23 calls)
 - Consultants will make every effort to provide a minimum of 33 calls
 - Expected to take vacations for self-care



CPP LC Components: Case Presentation

6. CPP Case Presentation

- Present at least twice during ongoing CPP consult calls unless group size does not permit this
- Complete case presentation template & provide clinical material for reflection 48 hours before presenting



CPP LC Components: CPP Competency Workshops

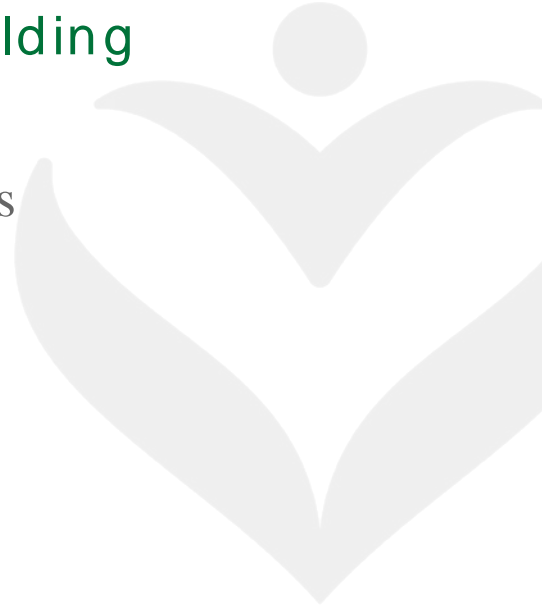
7. Participate in Intensive CPP Competency Building Workshops

- Learning Session 2
 - Typically 2-days (12 hours minimum)
 - Approximately 6 months after the core CPP didactic training (Session 1)
- Learning Session 3
 - Typically 2-days (12 hours minimum)
 - Approximately 12 months after the core CPP didactic training (Session 1)

CPP LC Components: CPP Competency Workshops

7. Participate in Intensive CPP Competency Building Workshops (continued)

- Content tailored to the needs of participants
- Case-based learning
- Multiple case presentations
- Active dialogue and practice

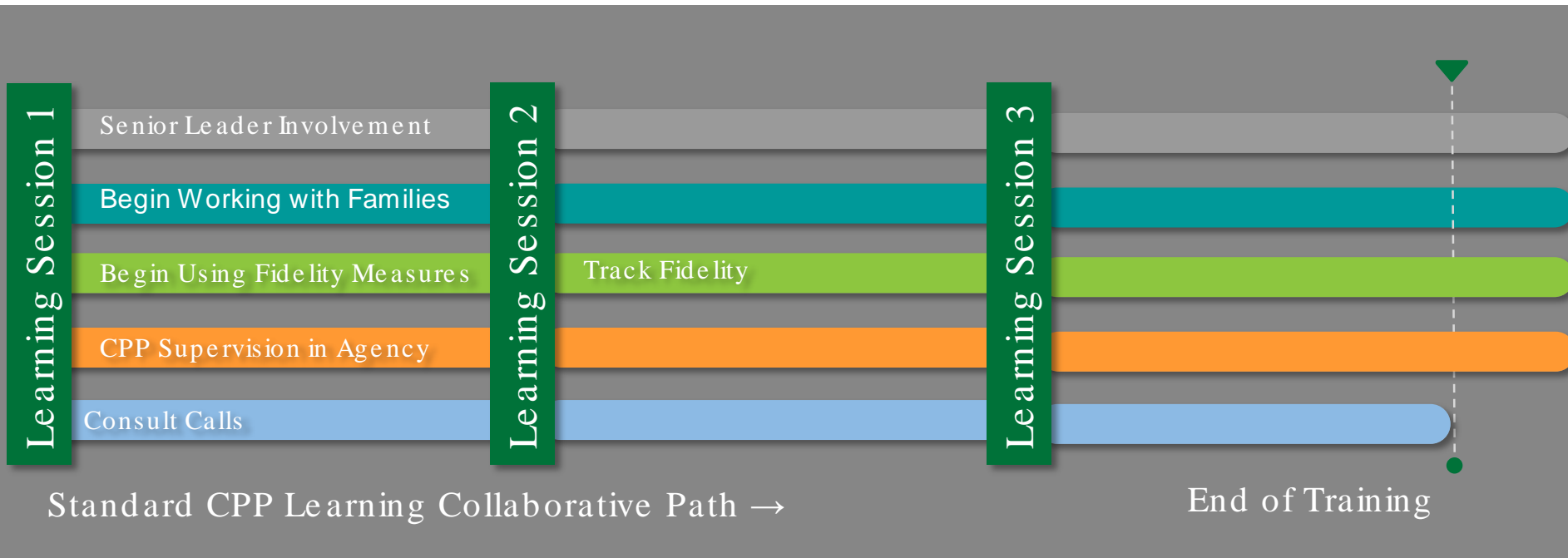


CPP LC Components: Fidelity Monitoring

8. Fidelity Monitoring

- Two fidelity clients
 - Ideally one high challenge and one low challenge
 - If a fidelity case ends prior to completing 16 sessions, begin fidelity monitoring with another case
 - Review measures for each phase with a supervisor or colleague
- As required by your LC Trainer
 - Complete supervision fidelity
 - Complete consultation fidelity

18-Month Learning Collaborative Components





Optional but Highly Recommended Training Components

Optional but Highly Recommended Components

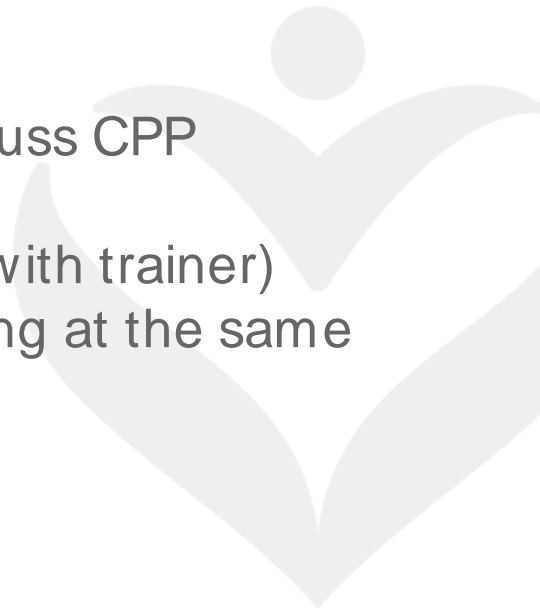
1. Support during pre-work phase

- Think about the LC application procedure
- Identify agency teams that are most likely to sustain the model and to serve families in need
- Think about any knowledge gaps that may need to be addressed
 - Knowledge of infants, toddlers, and preschoolers
 - Relationship assessment
 - Sociocultural considerations
 - Trauma-informed systems
 - Interfacing with specific systems

Optional but Highly Recommended Components

2. Supervisor Call

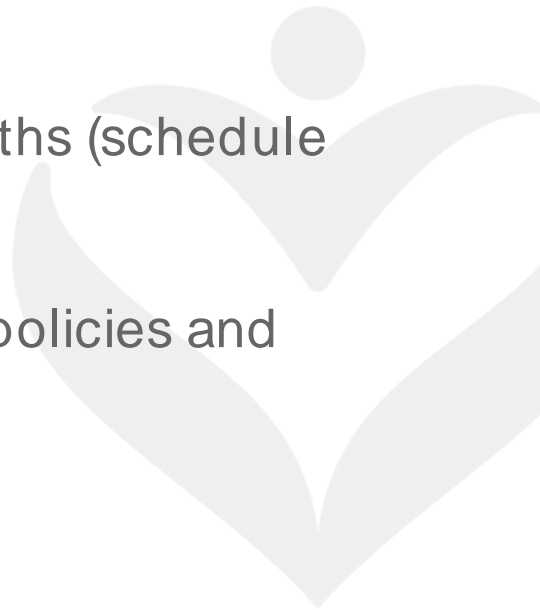
- Held only with supervisors
- Supervisors present supervision cases and discuss CPP supervision
- Typically once a month (schedule determined with trainer)
- Particularly helpful when supervisors are learning at the same time as supervisees
- Support future sustainability



Optional but Highly Recommended Components

2. Senior Leader Call

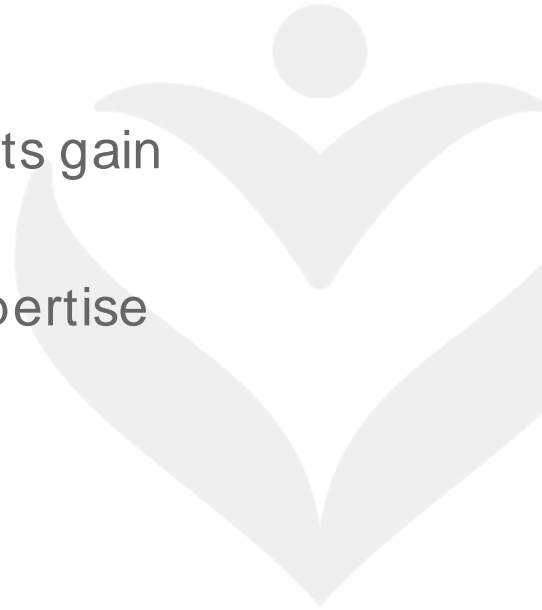
- Recommended particularly for large systems
- Typically one call every quarter or every 6 months (schedule determined with trainer)
- Think together about:
 - Any challenges aligning CPP and systems' policies and procedures
 - Match for client population
 - Ways to support learning
 - Sustainability



Optional but Highly Recommended Components

4. Foundational Trainings

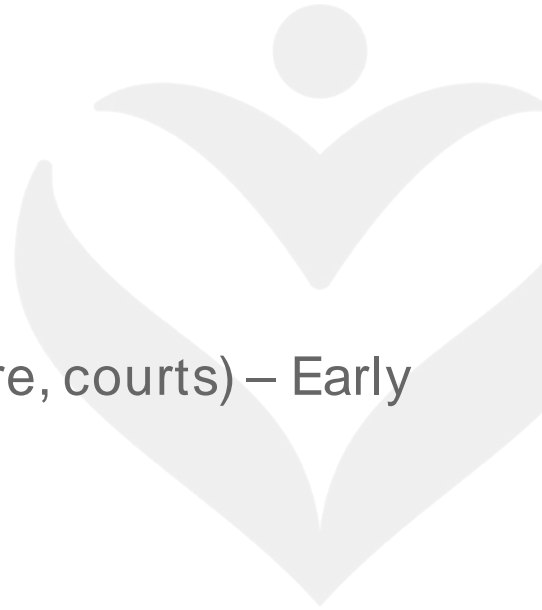
- Offered by some CPP Trainers to help participants gain knowledge core to CPP
- Different CPP trainers have different areas of expertise



Optional but Highly Recommended Components

4. Foundational Trainings (continued)

- Potential topics
 - Child development
 - Reflective supervision
 - Caregiver-child relationship assessment
 - Partnering with specific systems (child welfare, courts) – Early childhood trauma
 - Trauma-informed systems
 - Diversity-informed practice
 - Engagement





Do we certify in
CPP?

What do CPP and the
insanity workout have
in common?

**60-DAY TOTAL-BODY
CONDITIONING PROGRAM**

INSANITY

CLICK HERE

TRY IT RISK FREE

Results May Vary Based On ...



Start Point

Goals

Effort

We Do Not Certify, But We Do Roster

- Maintain a list of therapists who have completed an Implementation-Level CPP course
- Share this list via websites

- Name
- Contact Information
- Brief Bio
- Insurance
- Languages Spoken
- Photo (optional)