

## Child-Parent Psychotherapy Resources

### Child-Parent Psychotherapy

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Child-Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder (PTSD). The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors).

The type of trauma experienced and the child's age or developmental stage determine the structure of CPP sessions. For example, with infants, the child is present but treatment focuses on helping the parent to understand how the child's and parent's experience may affect the child's functioning and development. Toddlers and preschoolers are more active participants in treatment, which usually includes play as a vehicle for facilitating communication between the child and parent. Targets of the 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. Caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and to identify and address traumatic triggers that generate dysregulated behaviors and affect. When parents have a history of trauma that interferes with their responses to the child, the therapist helps the parent understand how this history can affect perceptions of and interactions with the child and helps the parent interact with the child in new, developmentally appropriate ways.

### CPP Treatment Course

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Treatment is generally conducted by a master's or doctoral-level therapist or a supervised trainee with at least two years of clinical experience.

Treatment involves weekly hour-long sessions.

Length of treatment varies depending on the complexity of the case. In published randomized control trials (RCTs), the length of treatment was 1 year, with an average of 32.82 sessions across all the RCTs.

Caseloads vary depending on the complexity of the cases, whether the family is seen in home visits or in clinic, and the organizational structure of the agency. The CPP trainer generally speaks with the directors of agencies interested in CPP to think about whether CPP fits their agency philosophy and organizational structure and to determine an appropriate caseload. Caseloads in the range of 10-12 are common.

## **Expected Outcomes**

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Based on findings from randomized controlled trials and CPP disseminations, improvement in the following domains is expected:

### **Child Domains**

- PTSD symptoms
- Comorbid diagnoses, including depression and anxiety
- General behavior problems including aggression and attentional difficulties
- Capacity to regulate emotions
- Cognitive functioning

### **Relational Domains**

- Children's perceptions of caregivers and themselves
- Children's and caregivers' attachment relationships

### **Caregiver Domains**

- Caregivers' PTSD symptoms
- Caregivers' general symptoms
- Caregivers' empathy towards children
- Caregivers' ability to interact in positive ways with children

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