Child Parent Psychotherapy: Clinical Intervention with Young Children Affected by Trauma and Domestic Violence

DC Summit
Families First
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SAMHSA
NCTSN
Early Trauma Treatment Network

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Center for Infant Study

Family-Informed Trauma Treatment Center
### Families First-Child Parent Psychotherapy

#### Agency Impact
- 5 agencies
- 5 clinical supervisors
- 17 clinicians
- Completed 2 Learning Sessions (May-August)
- Pathways for referrals
- “I hear and I forget, I see and I remember, I do and I understand.” -Chinese Proverb

#### Community Impact
- Expanding family related and relational interventions
- Expanding services to reach very young children
- Expanding trauma services
Traditional Therapeutic Approaches

- In cases involving the sequelae of trauma, the affected individual often is treated without addressing the impact on the children and broader family system.
- Caregivers often fear that their histories will adversely affect their children, but attention to this often is lacking in traditional intervention approaches.
Treating Young Children

- Young children develop in relationships
- Young children use relationships with caregivers to
  - Regulate physiological response
  - Form internal working models of relationships
  - Provide secure base for exploration and learning
  - Model accepted behaviors
Relational Perspective

- Strong link between parent/family responses to child outcomes
Goal of CPP

- Support and strengthen the relationship between a child and his or her parent (or caregiver)
- Restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning.
“Child-Parent Psychotherapy (CPP) is an intervention for children from birth through age 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, as a result, are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder (PTSD).”

http://nrepp.samhsa.gov/
California Evidence-Based Clearinghouse for Child Welfare

Child Parent Psychotherapy (CPP) - Summary
Scientific Rating: 2 (Supported by Research Evidence)
Relevance to Child Welfare Rating: 1 (High)


- **Type of Maltreatment**: Exposure to domestic violence, Physical abuse, Physical neglect, and Sexual abuse
- **Target Population**: Children age 0-5, who have experienced a trauma, and their caregivers

http://www.cebc4cw.org/
Evidence-base for CPP

- How do we know CPP works?
- With whom does CPP work?
- How can knowing the evidence-base help us in our work?
  - With families
  - Within organizations
Research supports that CPP:

- Effective in supporting child development and fostering positive attachment relationships with at risk children.
- Can be provided in community settings.
- Culturally relevant for minority and disadvantaged populations.
Randomized Trial with Families Affected by Domestic Violence in California

- Treatment mothers show greater improvement
  - Avoidant symptomatology
  - Total PTSD symptomatology
  - General symptomatology

- Treatment children show greater improvements than comparison group children
  - Traumatic stress symptomatology
  - Diagnosis of Traumatic Stress Disorder
  - Behavior problems

(Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006)
Percentage of Secure Attachments (Strange Situation) in Three Study Groups at Baseline and Follow-up

Toth, Rogosch, Manly, & Cicchetti, 2006
CPP Research Outcomes

- 1: Child PTSD symptoms
- 2: Child behavior problems
- 3: Children's representational models
- 4: Attachment security
- 5: Maternal PTSD symptoms
- 6: Maternal mental health symptoms other than PTSD symptoms
CPP is a Multi-Theoretical Approach to Treatment

- Developmentally Informed
- Attachment focus
- Trauma-based
- Psychoanalytic theory
- Social Learning processes
- Cognitive–Behavioral strategies
- Culturally attuned (Lieberman & Van Horn, 2005)
Ghost in the Nursery

“In every nursery there are ghosts. They are the visitors from the unremembered past of the parents: the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling. . . . There are, it appears a number of transient ghosts who take up residence in the nursery and do their mischief. . . . specializing in such areas as feeding, sleep, toilet training or discipline, depending upon the vulnerabilities of the parental past.”

-Selma Fraiberg’s article, “Ghost in the Nursery: A psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships”

Guiding Principles of CPP

1. Create a bridge between parent and child
   - The relationship is your client and focus of change.
   - Acting as a conduit
   - Help to interpret the meaning of children’s behavior from developmental, attachment, trauma and safety lens
Guiding Principles of CPP

2. Attend to the families cultural norms, values and beliefs
   - Customs for protecting, teaching, socializing children and integrating them into the culture
   - Seen as the natural way to do things
   - Routines of daily care and activities aimed to prepare children for adult life.
   - Parents behavior and decisions are organized by beliefs, values, and affective orientation
What Johnny worries about

I can't grow up
Impact on Caregiver

- Loss of sense of security and self efficacy
- Changed view of self and others
- Traumatic reminders and expectation

(adapted from Alicia Lieberman’s Research on NCTSN)
Intergenerational Transmission of Attachment

- The caregiver may act frightened of the child (i.e. “He is just like his father.”) or may frighten the child.
- Infant’s behavior’s may look contradictory because the person who should protect them is scaring them.
CPP Elements

1. Offer unstructured/reflective developmental guidance
2. Provide concrete assistance with problems of daily living
3. Help parents provide physical safety, modeling protection when needed
4. Help parents provide emotional safety
5. Construct a joint trauma narrative
6. Interpret feelings and actions: Link past to present
7. Remember that the past includes ghosts as well as angels
8. Participate in reflective supervision.
Offer unstructured/reflective developmental guidance
Provide Concrete Assistance with Problems of Daily Living

- Day Care
- Housing
- Employment
- Food
- Relationships

Attend to the family's cultural context between parent and child

4. Help parents provide emotional safety
Help Parents Provider Physical Safety, Modeling Protection When Needed
Help Parents Provide Emotional Safety
Create Conjoint Trauma Narrative

- Use play materials
- Support interaction between child and parent
- Facilitate communication between them
- Be reflective and curious
Interpret feelings and actions: Link past to present
Remember that the past includes ghosts as well as angels
Angels in the Nursery-Highlights

- Do you have a memory of a time when you were little when you felt especially loved, understood or safe? What is the content of the memory?
- As we work together, is there anything about your memories that you want to use in raising your child, to help you bring that kind of feeling to you and your child?
- If I were to see your child 20 years from now, what would you like him/her to tell me about you?
What is incompatible with CPP?

- The goal of CPP is NOT to set the stage for clinicians to control what will happen in the room,
- Goal is to be a bridge or conduit between parent and child and to facilitate relational reciprocity.

CPP is NOT:

1. Bug in the ear to guide parent or therapists actions
2. Flooding interventions that immerse people in traumatic experience
3. Desensitization techniques that exposed people to traumatic reminders
4. Curriculum driven didactic instruction
5. Using aversive stimuli to change behavior
6. Didactic instruction that is either not developmentally appropriate or responsive to in the moment responses.
Why are Relational Interventions Needed?

- A focus on parent skills training is often insufficient in truly generalizing to the care giving context.

- If a parent has sustained trauma and insensitive care giving during their own childhoods, then they may learn skills & still be unable to implement them with their children.
Does your agency want to implement CPP?

- Organizational Support and Capacity
- Family and Child Engagement
- Clinical Competence
Core Knowledge

- Infant and early childhood development
- Adult development
- Developmental psychopathology and diagnostic frameworks for infants, children and adolescents, and adults, including trauma and attachment diagnostic classifications
- Understanding sociological and cultural influences on individual functioning
Clinical Assessment

- Track child and parent symptoms and functioning
- Targeted treatment planning
- Shared decision making
Core Clinical Skills

- Ability to observe behavior
- Capacity to engage in collaboration with service systems
- Capacity to act as a conduit between parent’s and child’s experience
- Capacity for self reflection, reflective supervision and reflective practice
A mother’s words

“ I feel that if I can raise my child properly then maybe she will be a better person to her kids. It’s like breaking the cycle. I wasn’t raised properly, and learning something from you and my therapist helped me to raise my child properly. Even though I was like 27, 26, hey, I was being raised…You can be raised over, no matter how old you are. You guys taught me how to love. You taught me how to speak-speak softly-with a big voice. You taught me how to care. And those were things that weren’t inside of me.”

The Therapeutic Relationship as Human Connectedness: Being Held in Another’s Mind. Jeree H. Pawl, Ph.D. Zero to Three
Bringing CPP to Families

- A major goal of CPP research has been to bridge research and practice.
- Too often, the results of interventions that have been found to be effective in RCT’s are not transported to families most in need.
- In order to make interventions that have been empirically supported more widely available, it also is important to demonstrate the clinical utility of the approaches more broadly.
Online Resources

- Audio version and power point slides developed by Alicia Lieberman; scroll to the Child-Parent Psychotherapy resources: [http://nctsn.org/ncets/nav.do?pid=ctr_train_archive](http://nctsn.org/ncets/nav.do?pid=ctr_train_archive)
- Zero to Three [http://www.zerotothree.org](http://www.zerotothree.org)
- Chadwick Center [http://www.chadwickcenter.org/](http://www.chadwickcenter.org/)
- Center on the Developing Center-Harvard University [http://developingchild.harvard.edu/](http://developingchild.harvard.edu/)