


Child-Parent Psychotherapy: Helping Young Children and Their Families Heal From Trauma

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Early Trauma Treatment Network National Child Traumatic Stress Network


Mission
To raise the standard of care and improve access to services for traumatized children aged 0-5, their families, and communities throughout the United States.

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The ETTN

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- Child Violence Intervention Project/LSUHSC: Joy D. Osofsky, Ph.D., Mindy Kronenberg, Ph.D., Howard Osofsky, MD
- Child Witness to Violence Project/ Boston Medical Center: Betsy McAlister Groves, MSW, LICSW, Michelle Acker, Psy.D., Marilyn Augustyn, MD, Carmen Noroña, MS.Ed.
- Tulane University/JPHSA Infant Team: Charles H. Zeanah, MD, Julie Larrieu, Ph.D., Michael Scheeringa, MD, Valerie Wajda-Johnston, Ph.D., Sherry Heller, Ph.D.



Training Agenda



- Core competencies of CPP and relevant bodies of knowledge
- Core tasks of early childhood development
- How trauma affect the developmental trajectory
- Apply core competencies to a vignette
- Research on CPP
- Overview of CPP
- CPP goals
- CPP Core competencies
- Practice using vignettes and videos
 - Core competencies of CPP
 - Using ports of entry to address the goals of CPP
 - Identifying ports of entry
 - Constructing interventions that hold the perspective of the parent and the child
 - Co-constructing a trauma narrative



- Relationships
- Affect regulation
- Physiological development
- Cognitive development
- Symptomatology
- Developmental trajectory




Parent and Child Enter Treatment

Overarching Goal:
Return to a Normal Developmental Trajectory



Overview:
Child-Parent Psychotherapy
(Lieberman & Van Horn, 2005, 2008)

Child-Parent Psychotherapy

Lieberman & Van Horn, 2005

- *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence*
- Relationship-based dyadic intervention
- Ecologically valid
- Manualized treatment
- Evidence-based
- Home or office-based
- Bilingual capability in Spanish

Core Competencies: What do we need to know?

- Familiarity with relevant bodies of knowledge
- 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 to help caregiver and child jointly construct a trauma narrative (when appropriate)
- Capacity for self-reflection

Core Competencies: What do we need to know?

Relevant Bodies of Knowledge

- Infant and early childhood development
- Adult development
- Developmental psychopathology and diagnostic frameworks for infants, children, adolescents and adults
- Trauma theory
 - Loss of the protective shield
 - Trauma reminders
 - Trauma and affect dysregulation
 - Trauma and relationships
- Sociological and cultural influences on functioning


Conceptual Premises

- The attachment system is the main organizer of children's responses to danger and safety in the first five years of life
- Emotional and behavioral problems in infancy and early childhood need to be addressed in the context of primary attachment relationships
- Promoting growth in the caregiver-child relationship supports healthy development of the child long after the intervention ends

Core Competencies:

Capacity for Self-Reflection


- Reflect on the process of the treatment and on the process of individual sessions
- Reflect on the therapist’s role in the inter-subjective field with the dyad
- Reflect on the emotional responses that they dyad arouses
- Agency contribution: providing space for reflective supervision



Child-Parent Psychotherapy


Targets of Intervention

- Parent-child relationship is your client (focus on strengthening the relationship)
- Help the parent and child to jointly make meaning of the experience (understanding that they each have different perspectives)
- Help the parent and child think about their reactions (thoughts, feelings, behaviors, physiology) and learn ways to more adaptively manage their reactions



Multi-Theoretical Approach to Treatment

- Developmentally Informed
- Attachment
- Trauma
- Psychoanalytic
- Social Learning
- Cognitive–Behavioral
- Culturally informed



What’s the Frame?

Developmentally Informed

Attachment

Alex Johnson is a 26-month old African American boy. He is referred to treatment by a consultant at his daycare. He has been biting and kicking other children and even staff. The daycare staff note he is also aggressive towards his mom. She seems to respond inconsistently, sometimes begging him to stop and other times laying into him. She just left his father who was violent towards her.


Cognitive Behavioral

Social Learning

Trauma

Culturally Informed


Psychoanalytic



Child-Parent Psychotherapy:

Goals


- Encourage normal development: engagement with present activities and future goals
- Think about the meaning of the child’s behavior
- Maintain regular levels of affective arousal
- Establish trust in bodily sensations
 - Awareness and understanding of body’s reactions
 - Comfort with physical contact
- Achieve reciprocity in intimate relationships
 - Respond in contingent ways to behavior
 - Engage in goal-corrected partnership with awareness of the perspective (feelings, motives, plans, goals, needs) of the other

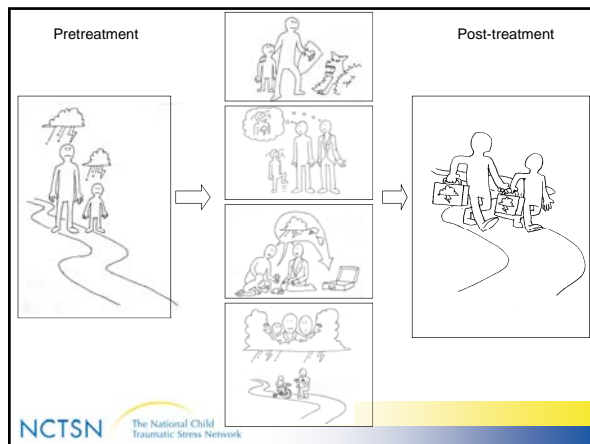
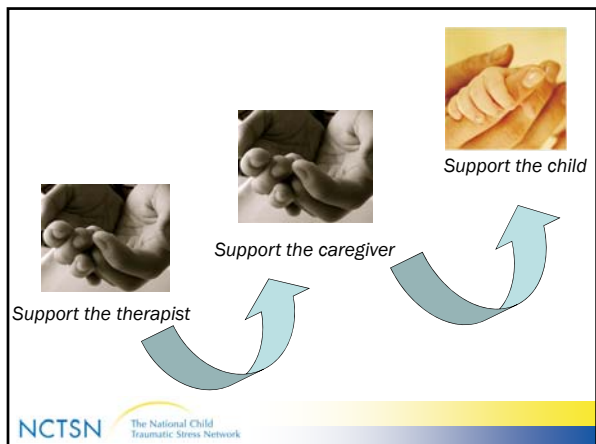


Child-Parent Psychotherapy

Trauma-related goals

- Increased capacity to respond realistically to threat
- Normalizing the traumatic response
- Making meaning of the event
- Differentiation between reliving and remembering
- Placing the traumatic experience in perspective





Empirical Evidence for Child-Parent Psychotherapy

- ### Child Witnesses to 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 Child-Parent Psychotherapy or Case Management plus standard community intervention
- Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006

- ### Summary: Child Witnesses to Domestic Violence
- Treatment children show greater improvements than comparison group children
 - PTSD symptomatology
 - PTSD diagnosis (DC:0-3)
 - Behavior problems
 - Treatment mothers show greater improvement
 - Avoidant symptomatology
 - Total PTSD symptomatology (trend)
 - General symptomatology (trend)
 - Improvements in children's and mother's symptoms maintained at 6-month follow-up

- ### Intervention with Maltreated Preschoolers
- 122 children approximately 4 years old recruited from welfare roles (DSS and TANF)
 - 34% sustained physical or sexual abuse. The balance sustained emotional maltreatment and/or neglect
 - 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

Intervention with Maltreated Preschoolers

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

Intervention with Maltreated Infants

- 122 children approximately 1 year old recruited from CPS identified maltreating families
- 66.4% directly experienced neglect or abuse. 33.6% were living in families where siblings had experienced neglect or abuse
- Majority (74%) of mothers were ethnic minorities
- Average family income was \$17,151 including welfare benefits
- Four groups
 - Child-Parent Psychotherapy
 - Psychoeducational Parenting Intervention
 - "Community Standard"
 - Non-maltreated controls

Cicchetti, Rogosch, & Toth, 2006

Intervention with Maltreated Infants

- CPP and PPI had similar efficacy in terms of altering children's attachment classifications and were both 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

Preventive Intervention with Anxiously Attached Dyads

- 100 low SES, multiply stressed, Spanish speaking recent Latina immigrants and their 11 - 14 month old children
- Assessed at intake using modified Strange Situation
- Intervention conducted by bi-cultural, bi-lingual interveners

Lieberman, Weston, & Pawl, 1991

Preventive Intervention with Anxiously Attached Dyads

- Anxiously attached intervention group differed significantly from anxiously attached controls
 - Increases in maternal empathy and interaction with child
 - Decreases in child avoidance, resistance and anger
 - Increased goal-corrected partnership
- No differences between intervention group and securely attached controls


Intervention with Toddlers of Depressed Mothers

- Mothers and their toddlers (18 - 24 months of age, mean age at intake 20 months)
- Three groups
 - Mothers with major depression - intervention
 - Mothers with major depression - controls
 - Mothers with no history of depression - controls
- Measures
 - Attachment Security
 - Bayley Mental Development Index

Cicchetti, Toth, & Rogosh, 1999; Cicchetti, Rogosch, & Toth, 2000; Toth, Rogosch, & Cicchetti, 2006

Intervention with Toddlers of Depressed Mothers

- At posttest CPP children had higher cognitive abilities than depressed controls and did not differ from normative comparison children
- CPP children showed greater improvement in attachment security

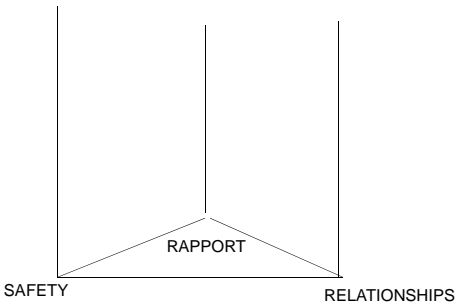



Setting the Stage for Treatment





Core Competencies Treatment Planning

- Joint enterprise between parent and therapist
- Assessment informs goals
- Assessment and reassessment continue throughout treatment
- Goals are hierarchical, depending on family's assessed needs







Treatment Planning

- Safety first
 - Physical safety
 - Safe shelter
 - Food
 - Protective orders
 - Psychological safety
 - Maladaptive strategies: substance abuse
 - Affect regulation
 - Issues of limits and discipline



Setting the Stage for Treatment: Safety in the Relationship, Parent as Protective Shield

**Setting the Stage for Treatment:
Safety in the Environment**

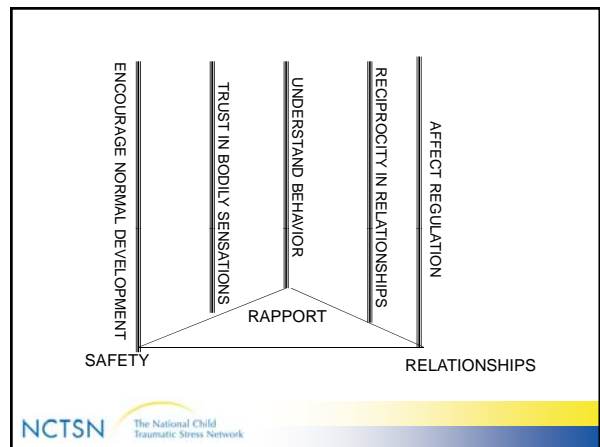
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**Setting the Stage for Treatment
Safety in the Relationship
Appropriate Response to Dangerous Behaviors**

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**Setting the Stage for Treatment:
Safety in the Relationship,
Parent as Legitimate Authority Figure**

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**Therapeutic Objectives:
Continuity of Daily Living**

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**Therapeutic Objectives:
Continuity of Daily Living**

- Promote pleasure, hope, and mastery by fostering:
 - Prosocial behavior
 - Predictable routines
 - Age-appropriate activities
 - Joint pleasurable activities

Note: Remember that our perspective of what is appropriate, pleasurable . . . is biased by our context. It is important to understand the family's perspective and context and build from strengths.

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Therapeutic Objectives:
Understand the Meaning of Behavior



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Therapeutic Objectives:
Understanding the Meaning of Behavior

- Help caregiver think about the meaning of the child's behavior (children communicate through behavior)
- Provide developmental guidance regarding
 - Age-appropriate behavior
 - Developmental meaning of child's behavior
 - Ways children learn

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Principles of Early Development

Some examples from "Don't Hit My Mommy"
(Lieberman & Van Horn, 2004)

- Young children cry and cling in order to communicate an immediate need for parental proximity and care.
- Young children feel responsible and blame themselves when the parent is upset or angry for whatever reason.
- Children imitate their parents because they want to be like them.
- Young children say no to establish autonomy, not to be disrespectful.

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Therapeutic Objectives:
Affect Regulation



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Therapeutic Objectives:
Affect Regulation

- Identifying feelings
- Help caregiver think about whether child's emotional reactions are developmentally appropriate and/or linked to the traumatic experience
- Provide psychoeducation regarding emotional reactions
- Foster caregiver's ability to respond to child in helpful, soothing ways
- Help child rely on adults in times of stress
- Strengthen affect regulation skills

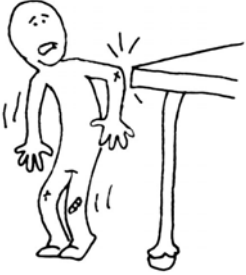
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Therapeutic Objectives:
Trust in Bodily Sensations



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Therapeutic Objectives:
Trust in Bodily Sensations



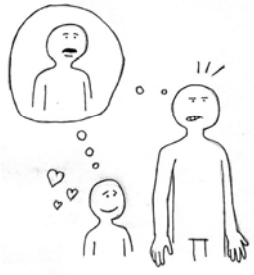
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Therapeutic Objectives:
Trust in Bodily Sensations

- Enhance awareness and understanding of bodily sensations
- Understanding the physiological effects of trauma
 - Impaired or hyperawareness of bodily sensations
- Foster caregiver's and child's abilities to exchange physical expressions of affection
- Accept appropriate expressions of physical affection from child

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Therapeutic Objectives:
Reciprocity in Relationships

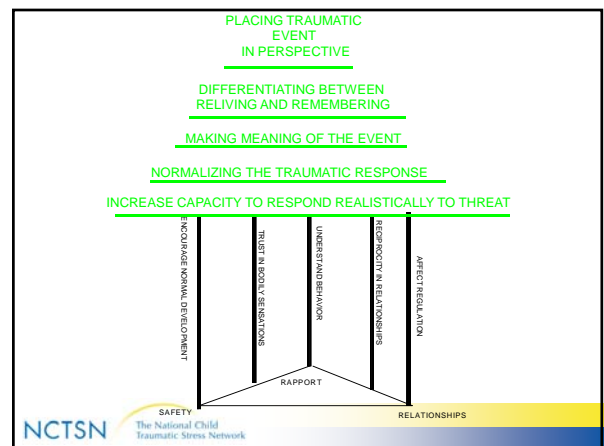
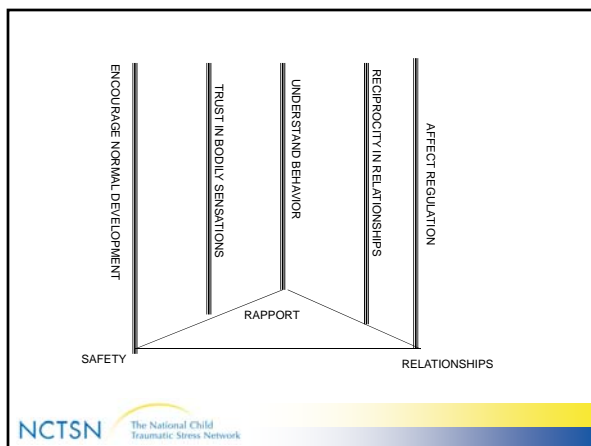


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Therapeutic Objectives:
Reciprocity in Relationships

- Target maladaptive patterns of interaction
- Highlight love and understanding of each other
- Foster ability to understand the other's perspective
- Support expression of positive and negative feelings regarding others

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Therapeutic Objectives:
Increased Capacity to Respond Realistically to Threat



The illustration shows a caregiver and a child walking along a winding path. In the background, there is a landscape with storm clouds and lightning bolts, representing a threat. The caregiver is walking slightly ahead of the child, suggesting guidance and support.

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Therapeutic Objectives:
Normalizing Traumatic Responses



The illustration depicts a caregiver and a child in conversation. A thought bubble above the caregiver shows a person in a state of distress, with lightning bolts and a lightning bolt striking a figure, symbolizing the traumatic event being discussed. This represents the process of normalizing the child's response to the trauma.

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Therapeutic Objectives:
Normalizing Traumatic Responses

- Validate the legitimacy and universality of the traumatic response
- Acknowledge the caregiver's and child's feelings about and responses to the trauma
- Help caregiver and child establish a frame of meaning regarding the trauma

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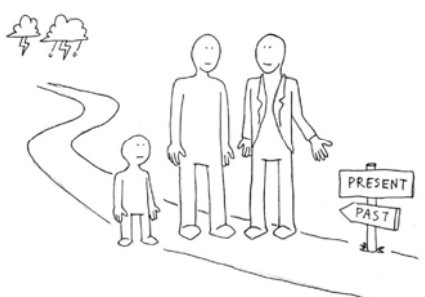
Overarching Goal:
Making Meaning of the Event



The illustration shows a caregiver and a child sitting on the floor, playing with toys. A thought bubble above them depicts a storm with lightning bolts, representing the traumatic event. This scene illustrates the goal of making meaning of the event through play and conversation.

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Therapeutic Objectives:
Differentiating Between Reliving and Remembering



The illustration features a caregiver and a child standing on a path. A signpost is positioned on the path, with 'PRESENT' written on the top sign and 'PAST' on the bottom sign. This visual metaphor helps differentiate between reliving the trauma (past) and remembering it (present).


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Therapeutic Objectives:
Differentiating Between Reliving and Remembering

- Make linkages between past experiences and current thoughts, feelings, and behaviors
- Highlight the difference between past and present circumstances


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Overarching Goal:
Return to a Normal Developmental Trajectory



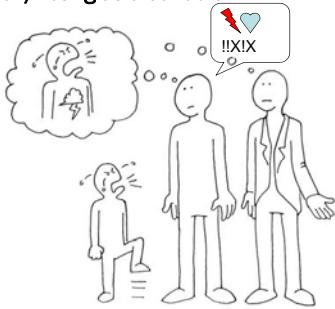
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Core Competency
Translation/Acting as a conduit



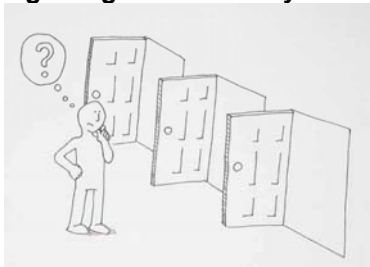
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Translation/Acting as a conduit



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Core Competency:
Recognizing Ports of Entry



Ports of entry often evoke strong feelings

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Translation
Unit of Intervention: Port of entry

- Parent's or child's individual behavior
- Interactive exchanges between parent and child
- Attributions: Mental representations of self or other
- Representations of absent parent
- Child's play
- Child's or parent's perceptions of the therapeutic relationship

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Translation: Hold in mind

- Conflict is worsened when parents and children do not understand the meaning of the others behavior
- Children's behavior has meaning
- Children's behavior may be motivated by developmentally salient anxieties
- Children's emotional expression may be a displacement of feelings from earlier losses or traumas
- Parents want what is best for their children
- Parents behavior has meaning that needs to be understood
- Parent's emotional expression may be a displacement of feelings from earlier losses or traumas.

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Child-Parent Psychotherapy:

Central Principals of Intervention

- No matter which port of entry, modality, or domain you choose, never intervene without considering the impact of your intervention on both members of the dyad
- Remember that it is the parent who has the rightful place of the child's guide through life and through this trauma. Your job is to facilitate the parent's confident assumption of that role.

Ports of Entry

- Begin from simplicity
- Not theoretically chosen: based on what the clinician believes will be change-producing in the moment
- Well timed developmental guidance may be the most effective intervention
- Early focus on safety is critical
- If simple interventions fail, chose interventions that address resistance, mistrust, or psychological obstacles

Lieberman & Van Horn, 2005

Translation: Assessment

Context in which intervention will occur

- **Affect**
 - Intervenor, parent, child
 - CPP principle: When affect is dysregulated, the first affect to regulate is your own
- **Relationships** (parent-child, intervenor-parent, child-intervenor)
 - What is the quality of the relationships right now?
 - Are we on the same page?
- **Timing**
Given the time left in this session, the current phase of treatment, everything else we have done today, and my assessment of affect and relationships is this the time to

Translation: Formulating Goals

- What is your long term goal (case conceptualization)?
- What do you need to do right now to build towards your goal?
- What is the parent's goal at this moment?
- What do you think about the parent's goal?
- What is the child's goal?
- What does the parent think about the child's goal?
- What do you think about the child's goal?

Translation: Action

1. What will you do or say first?
 - To whom are you speaking?
 - Who is hearing your message?
2. What will be the impact on the parent?
3. What will be the impact on the child?
 - How do you target it depending on the child's developmental level
 - Will it disrupt the child's play?
4. What might you do or say next?

Core Competencies

Levels of Translation

- Behavior
- Intent/Need
- Feeling
- Trauma
- Ghosts

Core Competencies

Translation: Evaluating our Intervention

- To what degree do you think the intervention addresses the perspective of both the parent and the child?
- To what degree do you think the intervention helps bring the children and parents together?
- What CPP goals are targeted?
- What would you like to target but perhaps now is not the time?

Possible interventions

- Do nothing
- Assess
- Observe
- If you were to translate, at what level would you translate

Constructing a Trauma Narrative



Core Competencies:

Co-constructing a Trauma Narrative

- Young children need adults to help them make sense of events and to construct a narrative
- The parent is the child's natural guide
- Child and parent have had different experiences of the trauma
 - Their developmental perspectives are different
 - Their emotional needs are different
 - Their prior experiences and expectations are different

Core Competencies:

Co-constructing a Trauma Narrative

- Will hearing the parent's story be traumatizing for the child?
- Can the parent tolerate the child's narrative without anger?
- What feelings do the child and the parent have about the perpetrator of the trauma?
- What if the parent is the perpetrator?

Core Competencies:

Co-constructing a Trauma Narrative

- What do children need from perpetrator parents
 - Apology
 - Atonement
 - A clear statement that what the parent did was wrong
 - Real change