

Child-Parent Psychotherapy

Evidence -Based Treatment for Young Children
and Caregivers

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What is Child -Parent Psychotherapy?

- An evidence -based method of psychotherapy for young children ages birth to six years and their caregivers who have experienced trauma
- Traumatic exposure may include natural disasters, domestic violence, community violence, maltreatment, separation from caregiver, severe injuries, medical procedures

Lieberman & Van Horn, (2005); Lieberman, Ghosh Ippen, & Van Horn (2015)



What is Child -Parent Psychotherapy?

- Examines child - parent interactions and each person's thoughts, beliefs, attitudes, and attributions about the other
- The child and caregiver are seen together to address the trauma and restore the caregiver's protective capacity; treats child -parent relationship difficulties



What is Child -Parent Psychotherapy?

- Dyadic sessions are held weekly; sessions with the caregiver alone are held as needed
- Developed by Alicia Lieberman, PhD, Patricia Van Horn, PhD, JD and Chandra Ghosh Ippen, PhD

Lieberman & Van Horn, (2005); Lieberman, Ghosh Ippen, & Van Horn (2015)

How CPP Helps

- Decrease in children's symptoms of PTSD/Trauma
- Decrease in behavior problems
- Increase in secure attachment relationships
- Increase in children's learning
- Decrease in caregiver's PTSD and parenting stress
- Improved mood in both children and caregivers
- <http://childparentpsychotherapy.com/about/research/>





CPP Learning Collaborative: Minimum Requirements

- Read the Manual
 - Don't Hit My Mommy, 2nd Edition (Lieberman, Ghosh Ippen, & Van Horn, 2015)
 - Attend Three Learning Sessions
 - Session 1: Core Didactics (3-day, 18 hour minimum)
 - Session 2: Intensive CPP Competency Building Workshop (2-day, 12 hour minimum)
 - Session 3: Intensive CPP Competency Building Workshop (2-day, 12 hour minimum)



CPP LC: Minimum Requirements

Work with Families Using CPP

- Therapists: At least 4 parent -child dyads in the 18-month period
- Supervisors: At least 2 families in the 18 -month period
- Length of treatment typically 34 – 50 sessions
- Therapists and supervisors participate in the training together as a team, unless there is an agency supervisor who has previously completed CPP training who will provide the CPP supervision





Minimum Requirements

Participate on CPP Consultation Calls

- Case-based learning
- Share your interventions (what you did and said), not just family history
- 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



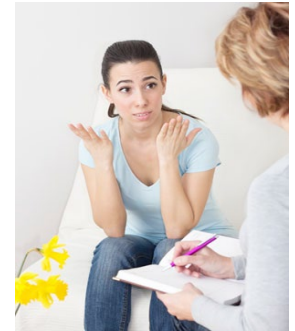
Minimum Requirements

- Participate in Pre-work and Pre-work call
- Attend Consultation Calls over 18-month Learning Collaborative
 - 36 calls held
 - Must attend at least 25 calls
- Present on Calls
 - At least twice unless group size does not permit this



Minimum Requirements

- **Participate in Reflective CPP Supervision**
 - Consistent space where clinicians and supervisors can reflect on their work
 - Team members may contribute different perspectives and expertise
 - Develop a culture of team learning
 - Supervisors may be learning CPP at the same time as clinicians
 - Enhances sustainability
- **Supervision Requirements**
 - Group or individual
 - Ideally once a week
 - Minimum 2x per month (on weeks when there is no consultation call)





Minimum Requirements

Complete CPP Fidelity Measures

- 2 fidelity clients (minimum)
- Ideally one high challenge and one low challenge
- Review measures for each phase with a supervisor or colleague
- Complete supervision fidelity
- Complete consultation fidelity





CPP Foundational Knowledge



- Infant and early childhood development
- Adult development
- Sociocultural influences on functioning
- Developmental psychopathology and diagnostic frameworks
- Reporting laws and ethics
- Trauma theory

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

Provider Qualifications

- Masters or doctoral -level licensed or license -eligible psychotherapists with a degree in a mental health discipline
- Meeting minimum requirements for rostering results in being named on a National Registry of Rostered Clinicians developed and maintained at the University of California San Francisco



Agency Considerations

- Do you serve children and caregivers birth – 6 years?
- Do you receive referrals due to trauma?
- Are there sufficient numbers of referrals to ensure each clinician and supervisor who participates in the training can receive the necessary number of cases to be rostered?
- Can you accommodate time for clinicians and supervisors to participate in the face -to-face training, consultation calls, supervision, and documentation required?



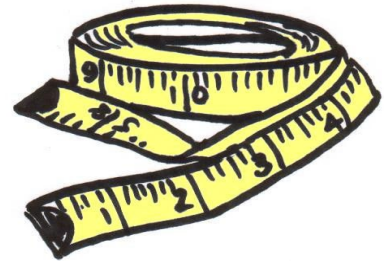
Agency Considerations



- Are clinicians given the time & resources to conduct comprehensive assessments?
- Can toys be provided that allow for processing trauma?
- Can childcare be provided if caregivers need to be seen alone?
- Is transportation for weekly sessions available?
- Can long-term therapy be offered?
- Does the agency have the capacity to provide reflective supervision to clinicians?

Learning to Implement CPP: Considerations and Challenges

- High level treatment model that requires an intensive training period with a focus on fidelity
- Participants need strong base of foundational knowledge and skills as prerequisites
- Intervening at the level of the relationship between the child and caregiver as the focus of treatment is often novel to many clinicians



Considerations in Implementing CPP



- One cannot conduct this trauma treatment in less than weekly sessions, as young children cannot process trauma and hold it for a 2 -3 week interval before being seen again
- Consistency in treatment is essential
- The clinician needs to feel comfortable “speaking the unspeakable,” or naming the trauma, early in the intervention

Considerations in Implementing CPP



- Reflective practice is a core component of the model and is required for implementing CPP with fidelity
- Clinician requires ongoing reflective supervision/consultation, both during training and afterward
- Ongoing reflective consultation is associated with maintenance of the practice as well as reducing turnover of clinicians/supervisors

Considerations in Implementing CPP

- CPP requires processing trauma from different lens (caregiver, child, attachment, development, relationship, culture)
- Self-care is paramount



Thank You

- Questions?

